

EXHIBIT I

From: [Elton Banks](#)
To: [Stephanie Torlina](#)
Subject: FW: New Applications
Date: Tuesday, March 30, 2021 11:16:46 AM

Olawale's application in your mail folder.

Elton Banks - Senior Benefits Coordinator
Phone 800.638.3186 ex.444 **Fax** 410.783.0041



200 St. Paul Street, Suite 2420, Baltimore, Maryland 21202

From: Linda Johnston
Sent: Monday, March 29, 2021 2:54 PM
To: Elise Richard <erichard@nflpb.org>; Elton Banks <ebanks@nflpb.org>; Emily Parks <eparks@nflpb.org>; Kris Wille <kwille@nflpb.org>; Meghan Pieklo <mpieklo@nflpb.org>; Sam Vincent <svincent@nflpb.org>; Stephanie Torlina <storlina@nflpb.org>
Subject: New Applications

Applications just received for Natravis Claybrooks (T&P and NC) and Jamize Olawale (T&P, LOD and NC). Saved in general Disability mail folder.

Linda Johnston Executive Assistant
Toll Free 800.638.3186 **Phone** 443.769.1403 **Fax** 410.783.0041



NFL PLAYER BENEFITS

NFL Player Benefits Office

200 St. Paul Street, Suite 2420, Baltimore, Maryland 21202

JO-00553

Complete and sign the application, release and consent form

NEUROCOGNITIVE
DISABILITY BENEFITS
APPLICATION

Fill out this application to the best of your ability. You may be subject to loss of benefits and to other penalties and sanctions under law if you make any false or misleading statements or omissions. **Attach additional pages if you need more space to explain your situation.**

RECEIVED

MAR 29 2021

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NFL PLAYER DISABILITY & NEUROCOGNITIVE BENEFITS PLAN NEUROCOGNITIVE DISABILITY BENEFITS APPLICATION

Player information

Player's name (first, middle, last)

Jamize Olawale

Date of birth

[REDACTED]

Social Security Number

[REDACTED]

Address (number and street)

[REDACTED]

Apartment, suite, unit, etc.

City

[REDACTED]

State

[REDACTED]

Zip Code

[REDACTED]

Phone number

[REDACTED]

Email (optional)

[REDACTED]

Medical records & other supporting documents

What documents are you providing with this application?

Exhibits 1-36 (medical records, including team medical records, imaging, and neurology report); Legal Brief in Support of Application

Do you plan to submit additional documents at a later date?

No



Your application will not be complete, and will not be processed, until all supporting documents are received by the Plan.

Impairments

Please describe the problems you are experiencing as a result of neurocognitive impairment.

I suffered repetitive head trauma in the NFL (including recorded concussions). Now I have headaches, memory problems, left chronic vestibular hypofunction, speech problems, dizziness, foggiess, losing my train of thought, mood swings, sensitivity to light, concussions and repetitive head trauma from football, cumulative trauma, and the cumulative effect of these impairments.

- CONTINUED ON NEXT PAGE -

Complete and sign the application, release and consent form

NEUROCOGNITIVE
DISABILITY BENEFITS
APPLICATION

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Impairments (continued)

Are you receiving any ongoing treatment for the symptoms?

☒ Yes ☐ No

If yes, please describe below, including physicians and dates of treatment in the last three years.

Jessica Mason, Kane Hall Barry Neurology, on 1/22/2021
Dr. Alan Martin, 1/3/2020, 2/6/2020, 9/25/2020 (possibly other dates too)
Dr. Erin Reynolds, 2/11/2020 (possibly other dates too)
Kayla Covert, PT for vestibular physical therapy on February 19 and 26, 2020

Have you received a diagnosis of any condition relating to your impairment?

☒ Yes ☐ No

If yes, what was the diagnosis(es)?

Diagnosed with at least four (4) documented concussions
"headaches"
"post-concussion syndrome"
"memory loss"
"forgetfulness and word finding difficulty"
"loss of concentration"
"[t]remor of both hands"
"left chronic vestibular hypofunction"

Signature and authorization

I certify that all information and documents provided on or with this Application are, to the best of my knowledge, true, correct, and complete. I also authorize the NFL Player Disability & Neurocognitive Benefit Plan to use or disclose all individually identifiable health information submitted to the Plan on my behalf, or created in connection with this Application, to all individuals as needed for Plan purposes.

Player's signature



Date completed

3/24/2021

QUESTIONS? Call the NFL Player Benefits Office at 800.638.3186 or visit nflplayerbenefits.com

Last revised 12/2018

JO-00555

5

Complete and sign the application, release and consent form

NEUROCOGNITIVE
DISABILITY BENEFITS
APPLICATION

To be eligible, you must sign a release confirming that you will not sue the League, any NFL Club, their employees or affiliates in an action alleging head and/or brain injury. This waiver is voided if your application is permanently denied or if you never receive benefits due to receipt of other Disability Plan benefits.

SEND THIS PAGE

NFL PLAYER DISABILITY & NEUROCOGNITIVE BENEFIT PLAN RELEASE AND COVENANT NOT TO SUE

In consideration for the benefit provided under Article 65 of the Collective Bargaining Agreement between the NFLMC and the NFLPA, Player, on his own behalf and on behalf of his personal representatives, heirs, next of kin, executors, administrators, estate, assigns, and/or any person or entity on his behalf, hereby waives and releases and forever discharges the NFL and its Clubs, and their respective past, current, and future affiliates, directors, officers, owners, stockholders, trustees, partners, servants, and employees (excluding persons employed as Players by a Club) and all of their respective predecessors, successors, and assigns (collectively, the "NFL Releasees") of and from any and all claims, actions, causes of actions, liabilities, suits, demands, damages, losses, payments, judgments, debts, dues, sums of money, costs and expenses, accounts, in law or equity, contingent or non-contingent, known or unknown, suspected or unsuspected ("Claims") that the Player has, had, may now have, or may have in the future arising out of, relating to, or in connection with any head and/or brain injury sustained during his employment by the Club, including without limitation head and/or brain injury of whatever cause and its damages (whether short-term, long-term, or death) whenever arising, including without limitation neurocognitive deficits of any degree, and Player covenants not to sue the NFL Releasees with respect to any such Claim or pursue any such Claim against the NFL Releasees in any forum. This release, waiver, and covenant not to sue includes without limitation all Claims arising under the tort laws of any state and extends to all damages (including without limitation short-term and/or long-term effects of such injury and death) whenever arising, including without limitation after execution of this release, waiver, and covenant not to sue. Player further acknowledges that he has read and understands Section 1542 of the California Civil Code, which reads as follows:

"A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him must have materially affected his settlement with the debtor."

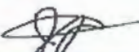
Player expressly waives and relinquishes all rights and benefits under that section and any law of any jurisdiction of similar effect with respect to the release of any unknown or unsuspected claims released hereunder that Player may have against the NFL Releasees.

This release, waiver and covenant not to sue shall have no effect upon any right that Player may have to insurance or other benefits available under (1) any Collective Bargaining Agreement between the NFL Management Council and the NFLPA, (2) the Final Class Action Settlement in In re: National Football League Players' Concussion Injury Litigation, Civ. Action No. 2:12-md-02323-AB, MDL No. 2323, or (3) or under the workers' compensation laws, and Player acknowledges and agrees that such rights, if any, are his sole and exclusive remedies for any Claims.

Player acknowledges and agrees that the provision of the benefit under Article 65 shall not be construed as an admission or concession by the NFL Releasees or any of them that NFL football caused or causes, in whole or in part, the medical conditions covered by the benefit, or as an admission of liability or wrongdoing by the NFL Releasees or any of them, and the NFL Releasees expressly deny any such admission, concession, liability, or wrongdoing.

Signature and authorization

☒ I understand and agree to the conditions above.

Player's name (print) Jamize Olawale	Player's signature 	Date completed 3/24/2021
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Complete and sign the application, release and consent form

NEUROCOGNITIVE
DISABILITY BENEFITS
APPLICATION

Please read and sign this consent form so that you understand what will happen next - particularly as it pertains to the independent medical examination.

SEND THIS PAGE


NFL PLAYER DISABILITY & NEUROCOGNITIVE BENEFIT PLAN CONSENT FORM FOR NEUROCOGNITIVE BENEFITS APPLICATION

In submitting my application for NC benefits, I understand that:

1. I may be required to undergo a comprehensive evaluation, and I certify I will be able to attend such evaluation within 30 days from the date this Application is received by the NFL Player Benefits Office.
2. Failure to attend this evaluation without two business days advance notice, and to cooperate with this evaluation, will result in my application being denied. If the NFL Player Benefits Office changes or reschedules my examination at my request, I understand that I must attend that examination, or I will be ineligible for benefits (unless circumstances beyond my control prevented me from attending the examination).
3. The examination will not be videotaped or otherwise recorded.
4. There will be no doctor-patient relationship between me and the physicians or other health professionals arranged by the Plan to examine me.
 - a. Reports from these examinations will be sent to the Plan, not directly to me. I will be able to obtain a copy of these reports by requesting them in writing from the NFL Player Benefits Office.
 - b. Neither I nor any of my representatives (attorneys, treating physicians, etc.) are allowed to contact these physicians and health professionals, such as to discuss my condition or to request copies of reports.
5. These physicians and health professionals are required to comply with ethical and legal obligations; for example, if they determine I am a danger to myself or to others.
6. By signing this form, I consent to the above, and I will comply with the Plan's procedures in connection with my claim for NC benefits.

Signature and authorization

☒ I have read and understood the information in this Consent Form.

Player's name (print) Jamize Olawale	Player's signature 	Date completed 3/24/2021
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SAMUEL KATZ, ESQ.
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March 23, 2021

NFL DISABILITY INITIAL CLAIMS COMMITTEE
NFL Player Disability & Neurocognitive Benefit Plan
200 Saint Paul St., Ste. 2420
Baltimore, MD 21202

Re: **JAMIZE OLAWALE'S APPLICATIONS FOR T & P, LOD, AND NC
DISABILITY BENEFITS**

Dear ERISA Administrator:

Respectfully, Mr. Jamize Olawale requests his collectively bargained for Total & Permanent ("T & P"), Line-Of-Duty ("LOD"), and Neurocognitive ("NC") Disability benefits because he satisfies the plain terms of the NFL Player Disability & Neurocognitive Plan (the "Plan"). Mr. Olawale – who is substantially unable and substantially prevented from engaging in or maintaining any employment and "**disabled secondary to his osteoarthritis**" due to his documented mental and physical substantial impairments, including lasting concussions and degenerative changes in his knees, ankles, and feet – humbly requests that the Disability Initial Claims Committee (the "Committee") act reasonably, and in a manner consistent with the exact terms of the Plan, by awarding him the collectively bargained-for benefits that he deserves.

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STATEMENT OF FACTS

MR. JAMIZE OLAWALE QUALIFIES FOR T & P DISABILITY BENEFITS DUE TO THE SUBSTANTIALLY WORK DISABLING CUMULATIVE IMPACT OF ALL OF HIS SUBSTANTIALLY DISABLING SYMPTOMS INCLUDING LEFT CHRONIC VESTIBULAR HYPOFUNCTION, MEMORY PROBLEMS, HEADACHES, SPEECH PROBLEMS, DIZZINESS, FOGGINESS, LOSING HIS TRAIN OF THOUGHT, MOOD SWINGS, SENSITIVITY TO LIGHT, OTHER SIGNIFICANT MENTAL IMPAIRMENTS, AND SEVERE WORK LIMITATIONS, IN COMBINATION WITH DEBILITATING ORTHOPEDIC DISABILITY(IES) TO HIS SPINE, BRAIN, LEFT KNEE, SHOULDERS, ANKLES, FEET, AND RIGHT HAND, RENDERING HIM SUBSTANTIALLY UNABLE AND SUBSTANTIALLY PREVENTED FROM ENGAGING IN ANY OCCUPATION

Jamize is substantially unable and substantially prevented from engaging in any occupation due to the overall effect on his body, brain, and mind from disabling mental and physical disability(ies). His medical records, including team medical records and records from treating physicians, provide more detail about the extent of his injuries and substantial impairments, his resulting symptoms, and his substantial limitations today.

A. Jamize's Concussions and Repetitive Head Trauma from Football, With Ongoing Concussion Symptoms Today

Jamize suffered from at least four (4) documented concussions and head trauma. He had his first **concussion with loss of consciousness** when he was only nine (9) years old, hitting his head on a pole. Exhibit 3; Exhibit 9. Jamize then had “**2x Concussions** both in J.C. [junior college]” and went on to suffer more in the NFL. Exhibit 3 (emphasis added). In November 2016, he “**made contact with his head** and felt the stinger while blocking”, resulting in a “Left Neck Brachial Plexus Stretch”. *Id.* (emphasis added). Later that month, he noticed “weakness when doing lat pulldowns with his left shoulder.” *Id.*

Moreover, Jamize suffered a lasting concussion less than a year later. On October 8, 2017, he “was trying to make a tackle when the L. Knee of one of his teammates hit him above the K.

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Eye as his helmet came up and caused a laceration and **concussion.**" *Id.* (emphasis added); Exhibit 4. "He remembered the pain of the hit and then next remembered that he was face down on the field." Exhibit 5. "He felt 'dazed, foggy, like it was an out-of-body experience.' He was able to get up on his own but noted that he was bleeding. He was able to walk to the sideline but could not remember whether someone else walked with him." *Id.* Jamize saw neuropsychologist Dr. Thomas Hardey the next day. Dr. Hardey explained what happened next:

Jamize watched the game and then showered. By this time, he had a headache 'all over' and a throbbing pain in his right temple. He became nauseous and felt dazed. His wife drove him home after the game and he experienced the same symptoms when he was there. He went to bed at 8 p.m. which is early for him but woke again at 10 p.m. He was unable to fall back to sleep until 4 a.m. [...] He reported that he has a continuing but lessening headache, continuing but less throbbing pain over his right eye. His eye was more swollen. He also noted pain when his car went over bumps in the road or when he was walking up or down stairs. He stated that shaking his head 'hurts my brain.'

In retrospect, Jamize feels that he might have had 'minor concussions' **earlier in the year**, particularly in the preseason game against Dallas and on one other occasion during summer training camp. He stated that **his current concussion is the worst that he has had since his NFL rookie year.**

Exhibit 5 (emphasis added), *see* Exhibit 3. On post-injury testing immediately after the concussion, Jamize had trouble with word recall (14/30) and delayed word recall (4/10). Exhibit 6. Dr. Hardey noted that:

"Mr. Olawale was given the ImPACT test to update baseline testing done in April 2016. In comparing today's results to those, this player has poorer scores in visual memory, visual motor speed, reaction time, and total symptom scores. Today, he was also administered the Trail Making Test. On Part A, his score was at the 20th percentile; on Part B, it was at the 50th percentile. Neither of the above scores indicate that he has returned to baseline neuropsychological levels."

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Exhibit 5. Dr. Hardey then noted that Jamize's "**reported symptoms remain[ed] high (18)**" on October 13, 2017. Exhibit 7 (emphasis added); *see* Exhibit 3. "He indicated that he continues to have headache, swelling in his temple, a feeling of pressure in his head, and a sensitivity to both light and sound. He noted that he has been attending team meetings but finds it harder to concentrate and to focus. He has similar difficulties when he goes home." Exhibit 7.

After Jamize's 2017 concussion, he continued to have symptoms for at least two months, including "random headaches/dizziness", "trouble remembering things", "neck pain", "Pressure in head", "Don't feel right", "Difficulty concentrating", "Difficulty remembering", "More emotional", and "Irritability". Exhibit 3 ("HA for 2-3 mo"); Exhibit 8.

During the 2019 season, Jamize again began to suffer from **frequent headaches**. These started occurring after he had a "significant stinger" and "neck soreness" during training camp. Exhibit 3. The headaches "occur approximately 2-4 times per week and are never significant enough to limit him as far as activities. [...] he is also concerned about some perceived 'forgetfulness'". *Id.* Jamize saw neurologist Dr. Alan Martin on January 3, 2020, who diagnosed him with "headache syndrome", noting Jamize's history of "multiple concussions", as well as "multiple concussive-type symptoms throughout his professional career that he did not report. He would have symptoms with head trauma with transient symptoms of being dazed with ringing in the ear and mild headache [...] He occasionally would have nausea". Exhibit 9; *see* Exhibit 3. Unfortunately, Dr. Martin reported on February 6, 2020 that Jamize's "headaches have not resolved after the football season, although he did feel like he had more frequent headaches when he was involved in full contact during the season." Exhibit 10.

Jamize then saw neuropsychologist Dr. Erin Reynolds on February 11, 2020. Dr. Reynolds further described Jamize's head trauma and symptoms throughout the 2019 season:

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He reports noticing headaches this year while driving to training camp or when he would wake up from a nap. [...] Jamize reports sustaining multiple hits through the 2019-2020 season, with four to five hits standing out as more significant. He reports experiencing on-field dizziness with disorientation and confusion following those hits" [...] [H]is wife is concerned about ongoing symptoms, particularly **memory deficits, changes in mood, and ongoing headaches.**" [...] **Jamize admits to avoiding quick head movements and likes to hang out in dark room. He has also observed changes to his speech including stumbling on words and long pauses within conversations.**"

Exhibit 11 (emphasis added). Moreover, Jamize told Dr. Reynolds about his "dizziness", "[f]ogginess", feeling "lightheaded", "light and noise sensitivity", "[d]ifficulty concentrating, retaining information, [and] los[ing] train of thought during conversations." *Id.* Dr. Reynolds "administered a Dynamic Visual Acuity Test (DVAT) which revealed significant gaze instability [...] He also exhibit[ed] positive left Head Impulse Test which indicates left peripheral hypofunction. Pursuits and saccades [...] did provoke mild dizziness with increased repetitions. These findings, in combination with subjective reports, may indicate high functioning **left chronic vestibular hypofunction**". *Id.* (emphasis added).

Jamize attended two sessions of vestibular physical therapy on February 19 and 26, 2020. Exhibits 12-13. Unfortunately, "towards the end of March he had a few severe headaches. He reports that these headaches were more severe than his previous headaches". Exhibit 14; see Exhibit 15. In July 2020, when he took a concussion assessment, Jamize still had "[h]eadache" and "[d]ifficulty remembering", and he felt "[i]rritab[le]". Exhibit 16. He scored only 22/30 on immediate memory testing and 6/10 on delayed memory. *Id.* His headaches continued into September 2020, when Jamize told Dr. Martin that he "has had to write himself notes [] on his phone to help with memory". Exhibit 17.

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On January 22, 2021, Jamize saw Jessica Mason of Kane Hall Barry Neurology. She noted Jamize's history of "multiple concussions" and her concern that he still has "post-concussion syndrome" with "headaches". Exhibit 18. She said that Jamize has "memory loss", "forgetfulness and word finding difficulty", "loss of concentration", and "[t]remor of both hands" that she observed "[d]uring casual conversation". *Id.* (emphasis added). She also administered the MoCA, and Jamize scored "**24/30 with 0/5 5 min recall and language deficits**". *Id.* (emphasis added).

Today, Jamize's "issues [he] deal[s] with mentally are [his] greatest concern." Exhibit 1. Since a few years ago when he first noticed memory problems (such as substantial difficulty recalling the team he had played the week before), Jamize's "memory has only gotten worse. [He] now [has] trouble remembering what [he] was talking or thinking about if [he is] interrupted in the middle of what [he is] doing." *Id.* His wife Brittany has noticed this problem too: "I interrupt him or talk to long about a subject he forgets what he wants to say. This makes him irritable and he gets frustrated with me or himself because he can't remember". Exhibit 2. "[He] also [has] issues losing [his] train of thought when reading or watching tv. [...] This obviously makes it difficult to watch or read anything in a place that isn't completely quiet and without distractions." Exhibit 1. Further, Brittany notes his "confusion with complex conversations". Exhibit 2.

In addition, Jamize's "speech has been affected. [He] noticed [he] struggle[s] saying some words and that at various times throughout a conversation [he] will stumble over some words. [...] [He has] noticed many times while talking that [he] will try to say two words at once." Exhibit 1. Brittany notices that "sometimes he has trouble understanding" her because she talks fast. Exhibit 2. "We have a hard time communicating because of this." *Id.* Jamize continues to have "frequent but random headaches", and "connected to these headaches [he] notice[s] that [he is] very irritable, [he] get[s] angry a lot and often times [he] blow[s] up for seemingly insignificant reasons." Exhibit

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1; Exhibit 2. He also “wants to be by himself”, “sit[s] alone with the lights off”, and “doesn’t like to go out with friends or place where he doesn’t know people”. Exhibit 2.

B. Jamize’s Left Knee Substantial Impairments

Jamize suffers from left knee substantial impairments, including an MCL tear. First, on October 27, 2013, he “hit in the L. knee on an onside kick int he [*sic*] 4th quarter and had some mild pain and limped”. Exhibit 19. Then, on August 18, 2016, “[h]e was hit in the L. Knee while being tackled after receiving a pass.” *Id.* He had a “Left Knee Medial Collateral Ligament Tear”, and his knee had “laxity w/ valgus stress”. *Id.* An MRI the next day also showed a “[m]edial meniscal tear” and “high-grade patellofemoral chondrosis”. Exhibit 20. Jamize then injured his left leg three more times in fall 2017. Exhibit 19; *see* Exhibit 4. On December 3, 2017, “Jamize suffered a valgus-type injury [] while participating and playing in the game, in which he suffered a valgus injury to his left knee with the knee flexed approximately 30 degrees, an ankle eversion and external rotation injury. [He had] pain in the medial aspect of his left knee, the primarily lateral aspect of his left ankle and his midfoot. He [was] limping when he [was] walking.” Exhibit 19. A December 4, 2017 left knee MRI showed a “full-thickness cartilage loss [...] progressed compared to the prior exam”, “[f]ull-thickness chondral fissuring”, “osteophytes”, and an MCL injury. Exhibit 21.

On January 19, 2021, Dr. James Montgomery found that Jamize is “**disabled secondary to his osteoarthritis**”. Exhibit 22 (emphasis added). He has “degenerative disease in both knees” and “severe patellofemoral chondromalacia”. *Id.* Due to his substantial impairments, Jamize can only “[s]tand and/or walk (with normal breaks)” for “less than 2 hours” in an 8-hour day. Exhibit 23; Exhibit 22. In addition, he “must periodically alternate sitting and standing to relieve pain or discomfort.” *Id.* He has trouble “stooping, kneeling”, “crouch[ing]”, and “[c]rawling”, and he

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“avoid[s] squatting whenever possible”. Exhibit 23; Exhibit 1; Exhibit 22; Exhibit 24. Jamize also struggles with going up and down stairs, weight bearing, and running/jumping. Exhibit 24.

C. Jamize’s Painful Spine Substantial Impairments, Including Recorded Stingers

Jamize suffered spine injuries from football, including stinger after stinger, resulting in substantial impairments. The below table summarizes his injuries:

Date of Medical Record	Description
12/4/12	“Bulging disc LD high school”
9/9/15	“Left Lumbar Muscle Spasm”: “The athlete reported doing squats and clean pulls in the weight room yesterday, and that is why he thinks his back is sore.”
10/27/15	“Right Lumbar Muscle Spasm”: “The athlete was squatting and when he reached the bottom position he felt a “crunch” and then pain in his lower back.” “He has point tenderness over his R paraspinals [...] He has limited trunk flexion ROM due to pain and due to hamstring tightness. His extension ROM also seems limited and he has c/o pain in that direction as well. [...] he has pain with R rotation as well.”
11/21/16	“Left Neck Brachial Plexus Stretch” “He made contact with his head and felt the stinger while blocking.
11/28/16	“[H]e suffered a stinger in the game two weeks ago. He now reports some weakness when doing lat pulldowns with his left shoulder.” “Reported stinger episode with weakness to his latissimus dorsi doing lat pulldowns.”
12/9/16	Cervical Spine MRI: “C5: [...] right paracentral disc protrusion”, “degenerative disc disease”
12/9/16	“[H]e had a stinger with some residual sensory loss in his thumb and his forearm area.” “[H]e still has some numbness in the C6 dermatomal region.” “Recurrent stingers with some decreased sensation around the C6 nerve root.”
1/8/17	“L stinger 6 total (10 career)”. “Numbness in my shoulder/arm, lack of strength (left side)”
5/8/18	Chiropractic treatment, lumbar spine
5/15/18	Chiropractic treatment, cervical/thoracic/lumbar spine
8/15/18	“[R]ight-sided stinger”: “he has had a history of stingers on the left side in the past [...] he initially was complaining its of sensation loss and tingling in his right upper extremity all the way to his hand [...] weakness in active triceps extension on the right side compared to the left side”.
8/16/18	Chiropractic treatment, cervical/thoracic spine
10/7/18	“[L]eft-sided upper thoracic compression injury
6/10/19	“Neck pain worse with physical activity”
1/13/19	“C-Spine BP Stretch”
7/26/19	“C-Spine BP Stretch”

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Exhibits 25-26.

Today, Jamize suffers from “degenerative disc disease” in his neck and back, a lumbar spine “disc bulge” and “annular fissure at L5-S1 and facet changes at L4-L5 and L5-S1”. Exhibit 27; Exhibit 22; Exhibit 28. He has noticed “paresthesias in his feet” and has “midline pain noted in the cervical spine” as well. Exhibit 28. Moreover, Jamize has “pain in [his] lower back [...] when [he has] to stand or walk for longer than 15 minutes” and “decreased tolerance to prolonged standing or walking”. Exhibit 1; Exhibit 28. “Even sitting down in a chair can become very uncomfortable after many minutes and [he] will seek a place to recline in or lay down. The pain [he] get[s] in [his] low back makes it very difficult to sleep on [his] stomach”. *Id.*

D. Jamize’s Bilateral Shoulder Substantial Impairments

Jamize has bilateral shoulder substantial impairments. During college in August 2011, he sprained his right AC joint. Exhibit 29; see Exhibit 4; Exhibit 25. Then, on September 10, 2014, he “reported to the training room after practice with c/o posterior R shoulder pain. His pain [was] over his R rhomboids and levator. He said that he lowered his shoulder to hit someone [the previous day] in practice and that is when his pain began. He describes it as an aching pain, and he feels it when he raises his arm. [...] He is point tender over the insertion of his levator scapula. He has full ROM for in all planes except for IR on the R which is limited compared to the L shoulder. He has 4/5 strength for flexion, abduction, and ER on the R which seems to be due to pain. He has pain with empty can, O’Brians, and Hawkins impingement test”. Exhibit 29.

About a month later, on October 12, 2014, Jamize “stretched out his arm to make a tackle and felt pain in his shoulder. He continued to play the game and noticed that his soreness gradually increased. He finished the game and had difficulty sleeping that evening. [That] morning he ha[d] limited AROM in flexion, abd and ext. rot. Ant. shoulder point tenderness present.” *Id.* He also had

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“weakness in the right upper extremity”, “limited ROM and strength due to pain”, “pain even with PROM”, and “inflammation”. *Id.* Testing showed “**Marked weakness to supraspinatus isolation strength testing** and difficulty raising his arm over his head. 2+ Neer and 2+ Hawkin’s tests. 1+ Speeds test.” *Id.* (emphasis added). Jamize received treatment into mid-December 2019 for this injury, “Right Shoulder Rotator Cuff Tendinitis/Acute”, including three recorded injections. *Id.*

Jamize also has left shoulder substantial impairments. As described above, he suffered repeated stingers, including a stinger reported on November 28, 2016 that caused “weakness when doing lat pulldowns with his left shoulder.” Exhibit 3. After that, on December 8, 2016, he suffered another “stinger with some residual sensory loss in his thumb and his forearm area.” Exhibit 25. Jamize had a cervical spine MRI, which showed a “C5 [...] right paracentral disc protrusion”. Exhibit 26. Dr. Warren King said that Jamize was dealing with “[r]ecurrent stingers with some decreased sensation around the C6 nerve root.” Exhibit 25. As of 2017, he suffered at least “6 total [stingers] (10 career)” and had “numbness in [his] shoulder/arm, lack of strength (left side)”. *Id.* Moreover, he had “tender” AC and SC joints on October 7, 2018 after suffering an “Upper Back Strain” in practice. *Id.*

Today, Jamize has “degenerative disease in [...] [his] shoulders”. Exhibit 22. He has “LIMITED” ability to “[r]each[] all directions (including overhead)” with “pain in his shoulder”. Exhibit 23; Exhibit 2.

E. Jamize’s Bilateral Ankles, Bilateral Feet, and Right Hand Substantial Impairments

Jamize has bilateral ankle substantial impairments, including DJD and bilateral posterior tibial tendon injuries. He injured his left “anterior tibiofibular ligament” and “anterior talofibular ligament” on September 23, 2013 during a game against the Broncos. Exhibit 30. Then he suffered

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another ankle injury on October 22, 2015. *Id.* By November 17, 2016, Jamize had developed “[p]osterior tibial tendonitis”, requiring “daily treatment regimens”. *Id.* (emphasis added). Two days later, he had a lidocaine “injection of his posterior tibialis tendon” leading to “numbness on the plantar aspect of his foot”, which Dr. Warren King said “would preclude him being able to participate as a running back during a game”. *Id.* As a result, Jamize did not receive further injections. *See id.* He did, unfortunately, have more ankle injuries.

As previously discussed, on December 3, 2017, Jamize “suffered a valgus-type injury [] while participating and playing in the game, in which he suffered a valgus injury to his left knee with the knee flexed approximately 30 degrees, an ankle eversion and external rotation injury. [He had] pain in the medial aspect of his left knee, the primarily lateral aspect of his left ankle and his midfoot. He [was] limping when he [was] walking.” Exhibit 19. A left ankle MRI the next day showed a “full-thickness defect/tear through the anterior distal tibiofibular syndesmotic ligament”, a “Grade 2 sprain of the anterior talofibular ligament”, a “Grade 2 strain at the myotendinous junction of the extensor digitorum longus”, and a “grade 2 sprain of the deep fibers the deltoid ligament [*sic*]”. Exhibit 31 (emphasis added). On December 11, 2017, he continued to have “tenderness” and “pain” with ankle inversion, eversion, dorsiflexion, and plantar flexion. Exhibit 30. By March 2018, Jamize had developed degenerative changes in his left ankle. Exhibit 29. He had another left ankle injury to his anterior talofibular ligament in May 2018. Exhibit 30. Jamize now has “Left Ankle DJD”. Exhibit 25 (emphasis added).

In addition, Jamize has right ankle substantial impairments. He suffered an “inversion-type of [high ankle] injury while running” in a September 13, 2015 game, and he suffered a “posterior tibialis tendon tear” during an October 30, 2016 game on when he was “engaged with another opposing player, being pushed backwards or bull-rushed”. Exhibit 32 (emphasis added). An MRI

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the next day showed the “tear”, as well as ““spurring in the ankle [...] consistent with his history of recurrent ankle sprains”. *Id.*

Moreover, Jamize has bilateral foot substantial impairments. He deals with bilateral degenerative changes and left foot “turf toe”. Exhibit 3; Exhibit 34. In addition, he suffered from bilateral foot injuries from football, including the left midfoot, ankle, and knee injury on December 3, 2017 described above. Exhibit 34; Exhibit 19. MRIs taken the day after the injury showed “arthrosis of the great toe MTP joint” and “cartilage loss along the great toe MTP joint with small osteophytes”. Exhibit 31. Further, he had a “Right Foot Arch Sprain/Traumatic/Plantar Fascial” on August 5, 2015 resulting in a “torn muscle in foot”. Exhibit 34; Exhibit 4.

Today, Jamize has “degenerative disease in [...] both ankles. Exhibit 22. He suffers “pain [...] on the soles of [his] feet when [he has] to stand or walk for longer than 15 minutes. [His] ankles and calves hurt when [he] walk[s] or tr[ies] to run”. Exhibit 1; Exhibit 28. He also has noticed “paresthesias in his feet”. Exhibit 28.

Further, Jamize suffers from right hand substantial impairments. During the game on December 3, 2017 during which he had a left knee, ankle, and foot injury, he also dealt with a “gamekeepers thumb”, with noted “ligament laxity in collaterals at MCP”. Exhibit 19; Exhibit 35. A December 4, 2017 MRI showed “Grade 2 sprains of the ulnar and radial collateral ligaments as well as a possible grade 2 sprain of the thumb metacarpal capsular origin of the volar plate.” Exhibit 36.

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MOREOVER, MR. JAMIZE OLAWALE QUALIFIES FOR LOD BENEFITS BECAUSE HIS PHYSICAL IMPAIRMENTS DEMONSTRATE AT LEAST 9 POINTS ARISING OUT OF LEAGUE FOOTBALL ACTIVITIES

Summary of Physical Impairment(s)	Page(s)
Right Ankle: “posterior tibialis tendon tear”	14
Left Ankle: “posterior tibialis tendonitis”	15
Right Shoulder: “Marked weakness to supraspinatus”	16
Right Shoulder: “inflammation”, “tender”	17
Left Shoulder: “tender”	18
Left Shoulder: “weakness”, “lack of strength”	19
Left Ankle: “tear through the anterior distal tibiofibular syndesmotic ligament”	20
Left Knee: “laxity”, “Knee Medial Collateral Ligament Tear”	21
Left Ankle: “DJD”	22
Left Foot: “arthrosis of the great toe MTP joint”	23
Right Hand: “ligametrn [sic] laxity in collaterals at MCP”, “gamekeeper’s thumb”	24
Spine: spine impairments from league football activities	25

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RIGHT ANKLE

<u>Ankle Impairment</u>	<u>Point Value</u>
Posterior Tibial Tendon Insufficiency	3

posterior tibialis tendon **tear**

EXHIBIT 32

ASSESSMENT: Strain, partial tear and inflammation in posterior tibialis tendon.

EXHIBIT 32

Right Ankle Posterior Tibialis Strain

EXHIBIT 32

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LEFT ANKLE

<u>Ankle Impairment</u>	<u>Point Value</u>
Posterior Tibial Tendon Insufficiency	3

Posterior tibial tendonitis.

EXHIBIT 30

ASSESSMENT: Left ankle midfoot strain with left ankle inversion sprain.

EXHIBIT 30

Left ankle sprain

EXHIBIT 30

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RIGHT SHOULDER

<u>Shoulder Impairment</u>	<u>Point Value</u>
Symptomatic Rotator Cuff Tendon Tear	2

Marked weakness to supraspinatus

EXHIBIT 29

CHIEF COMPLAINT: Right shoulder.

HISTORY: The player states that yesterday during the game he did an arm tackle with the right arm and has had pain and weakness in the right upper extremity since then. His past medical history is otherwise unremarkable with the exception of a right AC sprain in the past.

EXAMINATION: Right shoulder: Marked weakness to supraspinatus isolation strength testing and difficulty raising his arm over his head. 2+ Neer and 2+ Hawkin's tests. 1+ Speeds test. Neurovascular status is normal.

ASSESSMENT: Right shoulder rotator cuff strain, possible tear.

EXHIBIT 29

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RIGHT SHOULDER

<u>Shoulder Impairment</u>	<u>Point Value</u>
Symptomatic Acromioclavicular Joint Inflammation	2

inflammation

EXHIBIT 29

tender

EXHIBIT 29

Both AC

EXHIBIT 25

limited ROM and strength due to pain. He has pain even with PROM

EXHIBIT 29

ATHLAW LLP

LEFT SHOULDER

<u>Shoulder Impairment</u>	<u>Point Value</u>
Symptomatic Acromioclavicular Joint Inflammation	2

tender.

EXHIBIT 25

Both AC

EXHIBIT 25

ATHLAW LLP

LEFT SHOULDER

<u>Shoulder Impairment</u>	<u>Point Value</u>
Symptomatic Rotator Cuff Tendon Tear	2

weakness.

EXHIBIT 3

HISTORY: The player states he suffered a stinger in the game two weeks ago. He now reports some weakness when doing lat pulldowns with his left shoulder.

PHYSICAL EXAMINATION: He has full range of motion of his neck without tenderness. His motor examination reveal 5/5 strength to the rotator cuff and deltoid area. There is no evidence of atrophy. His neurovascular status is normal.

ASSESSMENT: Reported stinger episode with weakness to his latissimus dorsi doing lat pulldowns. No evidence of obvious atrophy or sensory deficits.

EXHIBIT 3; see EXHIBIT 25

Numbness in my shoulder / Arm, lack of strength (left side)

EXHIBIT 25

INJURED during the season? [] YES [] NO
 ails:

② Stage
 6th Grade
 (10 career)

One
 weak

EXHIBIT 25

ATHLAW LLP

LEFT ANKLE

<u>Ankle Impairment</u>	<u>Point Value</u>
Tibialis Anterior Tendon Insufficiency	3

tear

EXHIBIT 31

1. Full-thickness defect/tear through the anterior distal tibiofibular syndesmotc ligament with surrounding edema and soft tissue swelling as well as edema within the soft tissues about the distal tibiofibular syndesmotc membrane.

2. Grade 2 sprain of the anterior talofibular ligament.

EXHIBIT 31

grade 2 sprain of the anterior tibiofibular ligament.

EXHIBIT 30

acute on chronic sprain of the ATF grade II

EXHIBIT 30

Left ankle sprain

EXHIBIT 30

ASSESSMENT: Left ankle midfoot strain with left ankle inversion sprain.

EXHIBIT 30

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LEFT KNEE

<u>Knee Impairment</u>	<u>Point Value</u>
Symptomatic MCL Tear with Moderate Or Greater Instability	2

laxity

EXHIBIT 19

Left Knee Medial Collateral Ligament Tear

EXHIBIT 19

	Knee
	Effusion
	ROM
	PF Crepitus
	PF Alignment
	Valgus 0°
	Valgus 30°

ACL-BTB/HS/ALLO
☒ MCL
☐ PCL
☐ PF-Inst. / DJD
☐ Loose Body
☐ Meniscus

EXHIBIT 29

Left Knee MCL

EXHIBIT 25; EXHIBIT 19

Grade 1 sprain of the medial collateral ligament.

EXHIBIT 21

Left or Right		KNEES		Left or Right	
Strained	<input checked="" type="checkbox"/> Left	Sprain Ligament	<input checked="" type="checkbox"/> Left	Torn Ligaments	<input type="checkbox"/> Left
Torn Cartilage	<input type="checkbox"/> Left	Knee Cap Injury	<input type="checkbox"/> Left	Fractures	<input type="checkbox"/> Left
Operations	<input type="checkbox"/> Left	Injections	<input type="checkbox"/> Left	Pains	<input type="checkbox"/> Left
Dislocations	<input type="checkbox"/> Left	Missed Practice	<input type="checkbox"/> Left	Missed Games	<input type="checkbox"/> Left
Bruise	<input type="checkbox"/> Left	Bursitis	<input type="checkbox"/> Left	Swelling	<input type="checkbox"/> Left
Locking	<input type="checkbox"/> Left	Giving Away	<input type="checkbox"/> Left	Arthroscopies	<input type="checkbox"/> Left
Wear Braces	<input type="checkbox"/> Left	Casted	<input type="checkbox"/> Left	Arthritis	<input type="checkbox"/> Left
Chondromalacia	<input type="checkbox"/> Left	Grinding	<input type="checkbox"/> Left	Other	<input type="checkbox"/> Left

EXPLAIN: Sprained MCL last week; I missed no

☐ None Of These Apply

EXHIBIT 4

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LEFT ANKLE

<u>Ankle Impairment</u>	<u>Point Value</u>
Degenerative Joint Disease - Moderate Or Greater (i.e., significant loss of joint space as confirmed by clinical examination and x-ray)	3

Left Ankle DJD

EXHIBIT 19

Left Ankle DJD

EXHIBIT 25

Play

EXHIBIT 29

ANKLES					
Sprains	<u>Left</u> or Right	Strain	Left or Right	Fractures	Left or Right
Dislocations	Left or Right	Operations	Left or Right	Injections	Left or Right
Casted / Splinted	Left or Right	Pain	Left or Right	Missed Practice	Left or Right
Missed Games	Left or Right	Bruise	Left or Right	Other	Left or Right

EXPLAIN: ☐ None Of These Apply

Sprained Ankle on the same

play as my MCL sprain; Missed

EXHIBIT 4

ATHLAW LLP

LEFT FOOT

<u>Foot Impairment</u>	<u>Point Value</u>
Hallux Rigidus - Moderate Or Greater (i.e., significant loss of joint space as confirmed by clinical examination and x-ray)	1

Mild to moderate arthrosis of the great toe MTP joint

EXHIBIT 31

EXHIBIT 34

Left Great Toe

EXHIBIT 25; EXHIBIT 19

CHIEF COMPLAINT: Left foot pain.

HISTORY: The player comes in stating he had some pain over the medial aspect of his left foot following the game. He does not remember any specific injury.

EXHIBIT 34

Left Foot Contusion

EXHIBIT 34

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RIGHT HAND

<u>Hand Impairment</u>	<u>Point Value</u>
Mediolateral Ligamentous Instability - Moderate Or Greater (i.e., instability that significantly impairs the Player's ability to perform normal activities of daily living (bathing, grooming, dressing, driving, etc.))	1

ligament laxity in collaterals at MCP. Appears to be a gamekeepers thumb.

EXHIBIT 35

gamekeeper's thumb injury.

EXHIBIT 19

1. Grade 2 sprains of the ulnar and radial collateral ligaments as well as a possible grade 2 sprain of the thumb metacarpal capsular origin of the volar plate.

EXHIBIT 36

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CERVICAL SPINE

<u>Cervical Spine Impairment</u>	<u>Point Value</u>

C4-C5: Small diffuse right paracentral disc protrusion, slightly indenting the anterior thecal sac, resulting in mild right-sided

EXHIBIT 26

IMPRESSION:

Minimal to mild degenerative disc disease in the cervical spine, particularly at C4-5, resulting in mild right-sided neural foraminal narrowing at C4-5 and mild left-sided neural foraminal narrowing at C5-6.

EXHIBIT 26

Numbness in my shoulder / Arm, lack of strength (left side)

EXHIBIT 25

Interfered during the season? [] YES [] NO
 Ails:

② Stage
 6th Grade
 (10 career)

One weak

EXHIBIT 25

right-sided stinger

EXHIBIT 25

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The Committee should reasonably deem Jamize T & P disabled because the cumulative impact of football on his body, brain, and mind has resulted in a destruction of his overall health such that he is substantially unable and substantially prevented from engaging in any considerable occupation. Moreover, Jamize qualifies for LOD benefits because his physical impairments demonstrate at least 9 points arising out of league football activities. Thus, respectfully, the Committee should prudently determine that Mr. Jamize Olawale is entitled to his collectively bargained for T & P, LOD, and NC benefits.

Sincerely,

Samuel Katz, Esq.
Managing Partner
Athlaw LLP

ATHLAW LLP

Jamize Olawale

List of Submitted Supporting Exhibits

EXHIBIT	DOCUMENT NAME
1	Declaration of Jamize Olawale
2	Declaration of Brittany Olawale
3	Concussions and Head Trauma Medical Records
4	Dallas Cowboys Football Club Health History Questionnaire dated 3/27/18
5	Dr. Thomas Hardy Neuropsychological Consultation Report dated 10/9/17
6	NFL Concussion Assessment dated 10/8/17
7	Dr. Thomas Hardy Neuropsychological Consultation Report dated 10/13/17
8	Concussion Assessment dated 6/10/19
9	Dr. Alan Martin Report dated 1/3/20
10	Dr. Alan Martin Report dated 2/6/20
11	Dr. Erin Reynolds Report dated 2/11/20
12	Physical Therapy Office Visit Note dated 2/19/20
13	Physical Therapy Office Visit Note dated 2/26/20
14	Dr. Erin Reynolds Report dated 4/29/20
15	Dr. Erin Reynolds Report dated 3/20/20
16	Concussion Assessment dated 7/28/20
17	Dr. Alan Martin Report dated 9/25/20
18	Kane Hall Barry Neurology Office Visit Note dated 1/22/21
19	Left Knee Medical Records
20	Left Knee MRI dated 8/19/16
21	Left Knee MRI dated 12/4/17
22	Dr. James Montgomery Note dated 1/19/21
23	Physical Residual Functional Capacity Assessment dated 1/14/21
24	Dr. James Montgomery Patient Report dated 1/7/21
25	Spine and Left Shoulder Medical Records
26	EMR 389-390 Cervical Spine MRI dated 12/9/16
27	Lumbar Spine MRI dated 1/20/21
28	Dr. Marvin Van Hal Notes dated 1/11/21 & 1/28/21

JO-00584

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EXHIBIT	DOCUMENT NAME
29	Right Shoulder Medical Records
30	Left Ankle Medical Records
31	Left Ankle MRI dated 12/4/17
32	Right Ankle Medical Records
33	Right Ankle MRI dated 10/31/16
34	Bilateral Feet Medical Records
35	Right Hand Medical Record dated 12/3/17
36	Right Hand MRI dated 12/4/17

JO-00585

Personal Statement

My name is Jamize Robert Olawale and I feel it is important for me to explain in greater detail some of the physical and mental issues I have been dealing with after having played 8 years in the NFL. It is my hope that by reading this explanation, people will be able to understand the issues I face on a day to day basis- issues that have only gotten worse.

Of all the physical beating my body has taken over the course of my football career, the issues I deal with mentally are my greatest concern. I'll begin with my memory issues.

I began noticing I had more serious issues remembering things a few years ago, probably around 2015. I (ironically) remember one instance in which I was trying to recall the team we had played the week before. It was in the middle of the following week and we were preparing for our upcoming opponent so I know that not even 7 days had passed since we played this last opponent that I was trying to recall. For some reason I just could not jog my memory. This issue began to trouble and upset me and I determined in my heart to figure out who it was that we played roughly 5 days prior without checking our schedule or looking on the internet. Up until this point in my life, like anyone else, I had on occasion forgotten something from the past but unlike this situation I would always be able to recall what it was that I was trying to remember after a few seconds of thought. On this particular day I spent well over 10 minutes diligently trying to comb my memory bank to remember the team we had just played! Again, I could have easily checked the schedule but for some reason I was determined to remember this fact on my own. After about 10 minutes or so of trying to recall this team, I remember something purple catching my attention (perhaps a towel or something else around me at the time). This color jogged my memory enough for me to remember the color uniform of the team we had just played. It was the Minnesota Vikings! I was relieved to have finally remembered but I thought it was very strange that it took that long for me to be able to recall something as significant as an opponent I had just spent the previous week preparing for and playing.

Since that day, my memory has only gotten worse. I now have trouble remembering what I was talking or thinking about if I am interrupted in the middle of what I am doing. A recent example of this: I was looking through my phone for a group text I had with my wife's employee and my wife (she owns a preschool), I forget the specific reason but I know it was for something very important. I had just opened my phone and clicked on the "messages" app when one of my children (I have three, but I forget which one asked me the question) asked me a simple question. I remember it was a simple question because it only required me to take my eyes off my phone very briefly (as if to answer "yes" or "no"). When I returned to my phone probably literally a second to a second and a half later, I had no idea what it was I was trying to do. Nevermind forgetting who I was trying to look for, I could not even remember why I had opened my phone in the first place, but I could not shake the feeling that it was for something very important. I spent the next 20 minutes or so frustratingly trying to remember what I

needed to do that was so important. Eventually, this particular employee texted in a group chat and it was enough for me to remember who it was I was trying to speak to. Even with being able to remember that, I still wasn't able to remember the reason I needed to speak with them and to this day I don't know if that affected my wife's business or not. Thankfully, my wife is handling the operations of her school so I know that she'll remember and get it done.

These are just a couple examples of the issues I have recalling things I am doing or saying/thinking. I also have issues losing my train of thought when reading or watching tv. An example of this is the fact that every morning I read one chapter of a book in my bible. I would estimate that it takes me 3-4 minutes longer to read that single chapter (sometimes only a few verses long) than it would a normal adult my age. The reason for this is because not only do I get easily distracted when reading (not just with reading my bible, with anything) but when I am able to divert my attention back to what I am reading I find myself having to repeat the last sentence I just read many times over just to remember where I was in the book. This is a weird phenomenon that I have only recently (within the past couple of years) noticed I have been doing. I never used to have this problem. Similarly, while watching tv if someone asks me a question or if I get distracted in anyway, often times I will have to refocus and mentally go back a few minutes of the show in order to be able to continue following along in the show or movie. This obviously makes it difficult to watch or read anything in a place that isn't completely quiet and without distractions. I have many more examples of how my memory has been affected.

In addition to my memory issues, and probably connected to them, I also have frequent but random headaches. I normally notice them first thing in the morning, but there are times when I won't notice it until the afternoon. Every now and then I will get a bad headache in which I would either want to or actually will take medication to calm it down, otherwise I try my hardest not to use any medication for fear of developing a dependency on them or for any other long term side effects they could have on my body.

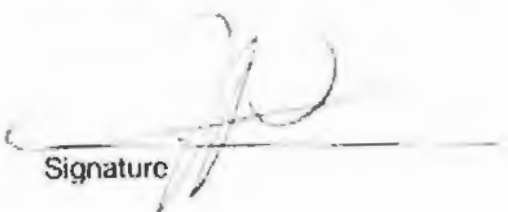
Also connected to these headaches I notice that I am very irritable, I get angry a lot and often times I blow up for seemingly insignificant reasons. It saddens me that my wife and my children have to walk on eggshells around me knowing that I may blow up for something as simple as spilling water on the floor or interrupting me while doing something. I feel they are connected to the headaches because I noticed they both started around the same time. I notice that I am unhappy and down a lot (which may also explain why I am irritable towards my family). I would not classify it as depression, although I am not a psychologist, but I do notice that often times I am unhappy for no reason at all. I have a blessed life and I am grateful to the Lord for all that he has blessed me with, which is why it perplexes me that I would have any sign of unhappiness. When I am unhappy I usually also get more aggressive.

Lastly, as it relates to the mental issues, I have noticed that my speech has been affected. I've noticed I struggle saying some words and that at various times throughout

a conversation I will stumble over some words. For this reason I try not to have long conversations with people because I am very subconscious about this issue. I have noticed many times while talking that I will try to say two words at once. This of course will cause me to stumble over those words and I always have to regroup and repeat whatever it was that I was trying to communicate. People have also told me that it is difficult to understand me when I talk because I mumble.

In addition to the issues I deal with mentally, I also deal with things physically. I have pain in my lower back and on the soles of my feet when I have to stand or walk for longer than 15 minutes. My ankles and calves hurt when I walk or try to run and because of the pain I have in my knees, I avoid squatting whenever possible. Even sitting down in a chair can become very uncomfortable after many minutes and I will seek a place to recline in or lay down. The pain I get in my low back makes it very difficult to sleep on my stomach, so I spend most of the night sleeping on my right or left side.

Like my mental issues, these problems have only gotten worse over the course of my career and it is troubling to think about how bad they can be years from now if they continue to get worse.



Signature

Date

1/26/2021

Statement of Brittany Olawale

My name is [REDACTED] and I am Jamize's wife. I wanted to give some details about the mental and physical issues Jamize has been facing.

Mental issues are the most significant. Jamize and I will discuss things about my business and if I interrupt him or talk too long about a subject he forgets what he wants to say. This makes him irritable and he gets frustrated with me or himself because he can't remember what he wanted to say. So I try very hard not to interrupt his thought or talk too much because I know it's difficult for him to process things when I do a lot of talking.

He just wants to be by himself. He will spend time in our theater room, which is dark. I don't think he notices it, but he'll be sitting alone with the lights off. He's not a very vocal person, but his physical actions show that he needs time alone, and this isn't how he was before. He always wanted to be together and do everything together because that's how he was with his dad and brother.

He's aggressive or more assertive sometimes than he used to be. There was a period of time after his 3rd year of playing where we started getting into big ugly arguments (about nothing important or worth arguing over) right before he would leave for camp. It happened every year until I realized what was happening. I try not to trigger Jamize with my own stress.

I talk really fast, and sometimes he has trouble understanding me. We have a hard time communicating because of this. Jamize doesn't like to go out with friends or place where he doesn't know people. He gets frustrated easily by things not worth being frustrated about and agitated whenever he gets a headache. He has a really bad headache about once a month. He has headaches that are less bad at least once a week.

He has confusion with complex conversations. He loves talking about business and learning about business strategies but can't keep up with the details of things like he used to. He needs to go at his own pace.

I notice that sometimes he has a limp when he walks. It makes me worried what life will be like for him when he's older. He's complained of pain in his shoulder and back. He says his knees hurt whether he lifts a lot or a little. When he tries to run he complains of pain in his feet and hamstrings. He can't do what he used to without pain.

I'm worried about our future, and I see that Jamize is concerned about that too. I work as a realtor and I just opened a preschool. I know that I will need to be the sole provider for our family and our children because Jamize isn't able to work. He's sacrificed so much of himself without complaining. I believe it's my turn to carry that weight.


Signature

1/29/2021
Date

JO-00589

From: [Elton Banks](#)
To: [Stephanie Torlina](#)
Subject: FW: New Applications
Date: Tuesday, March 30, 2021 11:16:46 AM

Olawale's application in your mail folder.

Elton Banks - Senior Benefits Coordinator
Phone 800.638.3186 ex.444 **Fax** 410.783.0041



200 St. Paul Street, Suite 2420, Baltimore, Maryland 21202

From: Linda Johnston
Sent: Monday, March 29, 2021 2:54 PM
To: Elise Richard <erichard@nflpb.org>; Elton Banks <ebanks@nflpb.org>; Emily Parks <eparks@nflpb.org>; Kris Wille <kwille@nflpb.org>; Meghan Pieklo <mpieklo@nflpb.org>; Sam Vincent <svincent@nflpb.org>; Stephanie Torlina <storlina@nflpb.org>
Subject: New Applications

Applications just received for Natravis Claybrooks (T&P and NC) and Jamize Olawale (T&P, LOD and NC). Saved in general Disability mail folder.

Linda Johnston Executive Assistant
Toll Free 800.638.3186 **Phone** 443.769.1403 **Fax** 410.783.0041



NFL PLAYER BENEFITS

NFL Player Benefits Office

200 St. Paul Street, Suite 2420, Baltimore, Maryland 21202

JO-00590

SEND THIS PAGE

Complete and sign the application

Fill this sheet out to the best of your ability. You may be subject to loss of benefits and to other penalties and sanctions under law if you make any false or misleading statements or omissions. **Attach additional pages if you need more space to explain your situation.**

RECEIVED

NFL PLAYER DISABILITY & NEUROCOGNITIVE BENEFIT PLAN
LINE-OF-DUTY DISABILITY BENEFITS APPLICATION

MAR 29 2021

Player's Name (first, middle, last) Jamize Olawale	Date of birth [REDACTED]	Social Security Number [REDACTED]
Address (number and street) [REDACTED]		Apartment, suite, unit, etc. [REDACTED]
City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]
Phone number [REDACTED]	Email (optional) [REDACTED]	

Evaluating your impairment: Most LOD applicants are referred to an independent orthopedist for a comprehensive, whole-body physical examination.

If you do **not** have orthopedic impairments, initial here

If you have non-orthopedic impairments other than a neurocognitive, brain-related neurological (excluding nerve damage), or psychiatric impairment, describe them here and explain how they relate to NFL-football activities.



The Plan will only consider non-orthopedic impairments that are identified in this application.

Recent surgeries

Have you had surgery, or do you intend to have surgery, within 12 months of the date on this application?

☐ Yes ☒ No

If yes, please explain:

Medical records & other supporting documents

You must submit medical record(s) to complete your application. Your application will be denied if you do not.

What documents are you providing with this application?

Exhibits 1-36 (medical records, including team medical records, imaging, and report of Dr. James Montgomery finding me "disabled"); Legal Brief in Support of Application

Do you plan to submit additional documents at a later date?

No



Check here if you previously applied for disability benefits and want to use the medical records in your file for the current application.



Your application will not be complete, and will not be processed, until all supporting documents are received by the Plan.

Signature and authorization

I certify that all information and documents provided on or with this Application are, to the best of my knowledge, true, correct, and complete. I also authorize the NFL Player Disability & Neurocognitive Benefit Plan to use or disclose all individually identifiable health information submitted to the Plan on my behalf, or created in connection with this Application, to all individuals as needed for Plan purposes.

Player's signature

Date completed

3/24/2021

QUESTIONS? Call the NFL Player Benefits Office at 800.638.3186 or visit nflplayerbenefits.com

Last revised 10/2020

JO-00591

Complete and sign the application

SEND THIS PAGE

Please read and sign this consent form so that you understand what will happen next — particularly as it pertains to the independent medical examination.


NFL PLAYER DISABILITY & NEUROCOGNITIVE BENEFIT PLAN CONSENT FORM FOR LINE-OF-DUTY DISABILITY BENEFITS APPLICATION

In submitting my application for LOD benefits, I understand that:

1. I may be required to undergo a comprehensive evaluation, and I certify I will be able to attend such evaluation within 30 days from the date this Application is received by the NFL Player Benefits Office.
2. Failure to attend this evaluation without two business days advance notice, and to cooperate with this evaluation, will result in my application being denied. If the NFL Player Benefits Office changes or reschedules an examination at my request, I understand that I must attend that examination, or I will be ineligible for benefits (unless circumstances beyond my control prevented me from attending the examination).
3. The examination will not be videotaped or otherwise recorded.
4. There will be no doctor-patient relationship between me and the physicians or other health professionals arranged by the Plan to examine me.
 - a. Reports from these examinations will be sent to the Plan, not directly to me. I will be able to obtain a copy of these reports by requesting them in writing from the NFL Player Benefits Office.
 - b. Neither I nor any of my representatives (attorneys, treating physicians, etc.) are allowed to contact these physicians and health professionals, such as to discuss my condition or to request copies of reports.
5. These physicians and health professionals are required to comply with ethical and legal obligations. For example, they are obligated to act if they determine that I am a danger to myself or others.
6. By signing this form, I consent to the above, and I will comply with the Plan's procedures in connection with my claim for LOD benefits.

Signature and authorization

☒ I have read and understood the information in this Consent Form.

Player's name (print) Jamize Olawale	Player's signature 	Date completed 3/24/2021
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March 23, 2021

NFL DISABILITY INITIAL CLAIMS COMMITTEE
NFL Player Disability & Neurocognitive Benefit Plan
200 Saint Paul St., Ste. 2420
Baltimore, MD 21202

Re: **JAMIZE OLAWALE'S APPLICATIONS FOR T & P, LOD, AND NC
DISABILITY BENEFITS**

Dear ERISA Administrator:

Respectfully, Mr. Jamize Olawale requests his collectively bargained for Total & Permanent ("T & P"), Line-Of-Duty ("LOD"), and Neurocognitive ("NC") Disability benefits because he satisfies the plain terms of the NFL Player Disability & Neurocognitive Plan (the "Plan"). Mr. Olawale – who is substantially unable and substantially prevented from engaging in or maintaining any employment and "**disabled secondary to his osteoarthritis**" due to his documented mental and physical substantial impairments, including lasting concussions and degenerative changes in his knees, ankles, and feet – humbly requests that the Disability Initial Claims Committee (the "Committee") act reasonably, and in a manner consistent with the exact terms of the Plan, by awarding him the collectively bargained-for benefits that he deserves.

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STATEMENT OF FACTS

MR. JAMIZE OLAWALE QUALIFIES FOR T & P DISABILITY BENEFITS DUE TO THE SUBSTANTIALLY WORK DISABLING CUMULATIVE IMPACT OF ALL OF HIS SUBSTANTIALLY DISABLING SYMPTOMS INCLUDING LEFT CHRONIC VESTIBULAR HYPOFUNCTION, MEMORY PROBLEMS, HEADACHES, SPEECH PROBLEMS, DIZZINESS, FOGGINESS, LOSING HIS TRAIN OF THOUGHT, MOOD SWINGS, SENSITIVITY TO LIGHT, OTHER SIGNIFICANT MENTAL IMPAIRMENTS, AND SEVERE WORK LIMITATIONS, IN COMBINATION WITH DEBILITATING ORTHOPEDIC DISABILITY(IES) TO HIS SPINE, BRAIN, LEFT KNEE, SHOULDERS, ANKLES, FEET, AND RIGHT HAND, RENDERING HIM SUBSTANTIALLY UNABLE AND SUBSTANTIALLY PREVENTED FROM ENGAGING IN ANY OCCUPATION

Jamize is substantially unable and substantially prevented from engaging in any occupation due to the overall effect on his body, brain, and mind from disabling mental and physical disability(ies). His medical records, including team medical records and records from treating physicians, provide more detail about the extent of his injuries and substantial impairments, his resulting symptoms, and his substantial limitations today.

A. Jamize's Concussions and Repetitive Head Trauma from Football, With Ongoing Concussion Symptoms Today

Jamize suffered from at least four (4) documented concussions and head trauma. He had his first **concussion with loss of consciousness** when he was only nine (9) years old, hitting his head on a pole. Exhibit 3; Exhibit 9. Jamize then had “**2x Concussions** both in J.C. [junior college]” and went on to suffer more in the NFL. Exhibit 3 (emphasis added). In November 2016, he “**made contact with his head** and felt the stinger while blocking”, resulting in a “Left Neck Brachial Plexus Stretch”. *Id.* (emphasis added). Later that month, he noticed “weakness when doing lat pulldowns with his left shoulder.” *Id.*

Moreover, Jamize suffered a lasting concussion less than a year later. On October 8, 2017, he “was trying to make a tackle when the L. Knee of one of his teammates hit him above the R.

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Eye as his helmet came up and caused a laceration and **concussion.**" *Id.* (emphasis added); Exhibit 4. "He remembered the pain of the hit and then next remembered that he was face down on the field." Exhibit 5. "He felt 'dazed, foggy, like it was an out-of-body experience.' He was able to get up on his own but noted that he was bleeding. He was able to walk to the sideline but could not remember whether someone else walked with him." *Id.* Jamize saw neuropsychologist Dr. Thomas Hardey the next day. Dr. Hardey explained what happened next:

Jamize watched the game and then showered. By this time, he had a headache 'all over' and a throbbing pain in his right temple. He became nauseous and felt dazed. His wife drove him home after the game and he experienced the same symptoms when he was there. He went to bed at 8 p.m. which is early for him but woke again at 10 p.m. He was unable to fall back to sleep until 4 a.m. [...] He reported that he has a continuing but lessening headache, continuing but less throbbing pain over his right eye. His eye was more swollen. He also noted pain when his car went over bumps in the road or when he was walking up or down stairs. He stated that shaking his head 'hurts my brain.'

In retrospect, Jamize feels that he might have had 'minor concussions' **earlier in the year**, particularly in the preseason game against Dallas and on one other occasion during summer training camp. He stated that **his current concussion is the worst that he has had since his NFL rookie year.**

Exhibit 5 (emphasis added), *see* Exhibit 3. On post-injury testing immediately after the concussion, Jamize had trouble with word recall (14/30) and delayed word recall (4/10). Exhibit 6. Dr. Hardey noted that:

"Mr. Olawale was given the ImPACT test to update baseline testing done in April 2016. In comparing today's results to those, this player has poorer scores in visual memory, visual motor speed, reaction time, and total symptom scores. Today, he was also administered the Trail Making Test. On Part A, his score was at the 20th percentile; on Part B, it was at the 50th percentile. Neither of the above scores indicate that he has returned to baseline neuropsychological levels."

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Exhibit 5. Dr. Hardey then noted that Jamize's "**reported symptoms remain[ed] high (18)**" on October 13, 2017. Exhibit 7 (emphasis added); *see* Exhibit 3. "He indicated that he continues to have headache, swelling in his temple, a feeling of pressure in his head, and a sensitivity to both light and sound. He noted that he has been attending team meetings but finds it harder to concentrate and to focus. He has similar difficulties when he goes home." Exhibit 7.

After Jamize's 2017 concussion, he continued to have symptoms for at least two months, including "random headaches/dizziness", "trouble remembering things", "neck pain", "Pressure in head", "Don't feel right", "Difficulty concentrating", "Difficulty remembering", "More emotional", and "Irritability". Exhibit 3 ("HA for 2-3 mo"); Exhibit 8.

During the 2019 season, Jamize again began to suffer from **frequent headaches**. These started occurring after he had a "significant stinger" and "neck soreness" during training camp. Exhibit 3. The headaches "occur approximately 2-4 times per week and are never significant enough to limit him as far as activities. [...] he is also concerned about some perceived 'forgetfulness'". *Id.* Jamize saw neurologist Dr. Alan Martin on January 3, 2020, who diagnosed him with "headache syndrome", noting Jamize's history of "multiple concussions", as well as "multiple concussive-type symptoms throughout his professional career that he did not report. He would have symptoms with head trauma with transient symptoms of being dazed with ringing in the ear and mild headache [...] He occasionally would have nausea". Exhibit 9; *see* Exhibit 3. Unfortunately, Dr. Martin reported on February 6, 2020 that Jamize's "headaches have not resolved after the football season, although he did feel like he had more frequent headaches when he was involved in full contact during the season." Exhibit 10.

Jamize then saw neuropsychologist Dr. Erin Reynolds on February 11, 2020. Dr. Reynolds further described Jamize's head trauma and symptoms throughout the 2019 season:

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He reports noticing headaches this year while driving to training camp or when he would wake up from a nap. [...] Jamize reports sustaining multiple hits through the 2019-2020 season, with four to five hits standing out as more significant. He reports experiencing on-field dizziness with disorientation and confusion following those hits" [...] [H]is wife is concerned about ongoing symptoms, particularly **memory deficits, changes in mood, and ongoing headaches.**" [...] **Jamize admits to avoiding quick head movements and likes to hang out in dark room. He has also observed changes to his speech including stumbling on words and long pauses within conversations.**"

Exhibit 11 (emphasis added). Moreover, Jamize told Dr. Reynolds about his "dizziness", "[f]ogginess", feeling "lightheaded", "light and noise sensitivity", "[d]ifficulty concentrating, retaining information, [and] los[ing] train of thought during conversations." *Id.* Dr. Reynolds "administered a Dynamic Visual Acuity Test (DVAT) which revealed significant gaze instability [...] He also exhibit[ed] positive left Head Impulse Test which indicates left peripheral hypofunction. Pursuits and saccades [...] did provoke mild dizziness with increased repetitions. These findings, in combination with subjective reports, may indicate high functioning **left chronic vestibular hypofunction**". *Id.* (emphasis added).

Jamize attended two sessions of vestibular physical therapy on February 19 and 26, 2020. Exhibits 12-13. Unfortunately, "towards the end of March he had a few severe headaches. He reports that these headaches were more severe than his previous headaches". Exhibit 14; see Exhibit 15. In July 2020, when he took a concussion assessment, Jamize still had "[h]eadache" and "[d]ifficulty remembering", and he felt "[i]rritab[le]". Exhibit 16. He scored only 22/30 on immediate memory testing and 6/10 on delayed memory. *Id.* His headaches continued into September 2020, when Jamize told Dr. Martin that he "has had to write himself notes [] on his phone to help with memory". Exhibit 17.

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On January 22, 2021, Jamize saw Jessica Mason of Kane Hall Barry Neurology. She noted Jamize's history of "multiple concussions" and her concern that he still has "post-concussion syndrome" with "headaches". Exhibit 18. She said that Jamize has "memory loss", "forgetfulness and word finding difficulty", "loss of concentration", and "[t]remor of both hands" that she observed "[d]uring casual conversation". *Id.* (emphasis added). She also administered the MoCA, and Jamize scored "**24/30 with 0/5 5 min recall and language deficits**". *Id.* (emphasis added).

Today, Jamize's "issues [he] deal[s] with mentally are [his] greatest concern." Exhibit 1. Since a few years ago when he first noticed memory problems (such as substantial difficulty recalling the team he had played the week before), Jamize's "memory has only gotten worse. [He] now [has] trouble remembering what [he] was talking or thinking about if [he is] interrupted in the middle of what [he is] doing." *Id.* His wife Brittany has noticed this problem too: "I interrupt him or talk to long about a subject he forgets what he wants to say. This makes him irritable and he gets frustrated with me or himself because he can't remember". Exhibit 2. "[He] also [has] issues losing [his] train of thought when reading or watching tv. [...] This obviously makes it difficult to watch or read anything in a place that isn't completely quiet and without distractions." Exhibit 1. Further, Brittany notes his "confusion with complex conversations". Exhibit 2.

In addition, Jamize's "speech has been affected. [He] noticed [he] struggle[s] saying some words and that at various times throughout a conversation [he] will stumble over some words. [...] [He has] noticed many times while talking that [he] will try to say two words at once." Exhibit 1. Brittany notices that "sometimes he has trouble understanding" her because she talks fast. Exhibit 2. "We have a hard time communicating because of this." *Id.* Jamize continues to have "frequent but random headaches", and "connected to these headaches [he] notice[s] that [he is] very irritable, [he] get[s] angry a lot and often times [he] blow[s] up for seemingly insignificant reasons." Exhibit

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1; Exhibit 2. He also “wants to be by himself”, “sit[s] alone with the lights off”, and “doesn’t like to go out with friends or place where he doesn’t know people”. Exhibit 2.

B. Jamize’s Left Knee Substantial Impairments

Jamize suffers from left knee substantial impairments, including an MCL tear. First, on October 27, 2013, he “hit in the L. knee on an onside kick int he [*sic*] 4th quarter and had some mild pain and limped”. Exhibit 19. Then, on August 18, 2016, “[h]e was hit in the L. Knee while being tackled after receiving a pass.” *Id.* He had a “Left Knee Medial Collateral Ligament Tear”, and his knee had “laxity w/ valgus stress”. *Id.* An MRI the next day also showed a “[m]edial meniscal tear” and “high-grade patellofemoral chondrosis”. Exhibit 20. Jamize then injured his left leg three more times in fall 2017. Exhibit 19; *see* Exhibit 4. On December 3, 2017, “Jamize suffered a valgus-type injury [] while participating and playing in the game, in which he suffered a valgus injury to his left knee with the knee flexed approximately 30 degrees, an ankle eversion and external rotation injury. [He had] pain in the medial aspect of his left knee, the primarily lateral aspect of his left ankle and his midfoot. He [was] limping when he [was] walking.” Exhibit 19. A December 4, 2017 left knee MRI showed a “full-thickness cartilage loss [...] progressed compared to the prior exam”, “[f]ull-thickness chondral fissuring”, “osteophytes”, and an MCL injury. Exhibit 21.

On January 19, 2021, Dr. James Montgomery found that Jamize is “**disabled secondary to his osteoarthritis**”. Exhibit 22 (emphasis added). He has “degenerative disease in both knees” and “severe patellofemoral chondromalacia”. *Id.* Due to his substantial impairments, Jamize can only “[s]tand and/or walk (with normal breaks)” for “less than 2 hours” in an 8-hour day. Exhibit 23; Exhibit 22. In addition, he “must periodically alternate sitting and standing to relieve pain or discomfort.” *Id.* He has trouble “stooping, kneeling”, “crouch[ing]”, and “[c]rawling”, and he

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“avoid[s] squatting whenever possible”. Exhibit 23; Exhibit 1; Exhibit 22; Exhibit 24. Jamize also struggles with going up and down stairs, weight bearing, and running/jumping. Exhibit 24.

C. Jamize’s Painful Spine Substantial Impairments, Including Recorded Stingers

Jamize suffered spine injuries from football, including stinger after stinger, resulting in substantial impairments. The below table summarizes his injuries:

Date of Medical Record	Description
12/4/12	“Bulging disc LD high school”
9/9/15	“Left Lumbar Muscle Spasm”: “The athlete reported doing squats and clean pulls in the weight room yesterday, and that is why he thinks his back is sore.”
10/27/15	“Right Lumbar Muscle Spasm”: “The athlete was squatting and when he reached the bottom position he felt a “crunch” and then pain in his lower back.” “He has point tenderness over his R paraspinals [...] He has limited trunk flexion ROM due to pain and due to hamstring tightness. His extension ROM also seems limited and he has c/o pain in that direction as well. [...] he has pain with R rotation as well.”
11/21/16	“Left Neck Brachial Plexus Stretch” “He made contact with his head and felt the stinger while blocking.
11/28/16	“[H]e suffered a stinger in the game two weeks ago. He now reports some weakness when doing lat pulldowns with his left shoulder.” “Reported stinger episode with weakness to his latissimus dorsi doing lat pulldowns.”
12/9/16	Cervical Spine MRI: “C5: [...] right paracentral disc protrusion”, “degenerative disc disease”
12/9/16	“[H]e had a stinger with some residual sensory loss in his thumb and his forearm area.” “[H]e still has some numbness in the C6 dermatomal region.” “Recurrent stingers with some decreased sensation around the C6 nerve root.”
1/8/17	“L stinger 6 total (10 career)”. “Numbness in my shoulder/arm, lack of strength (left side)”
5/8/18	Chiropractic treatment, lumbar spine
5/15/18	Chiropractic treatment, cervical/thoracic/lumbar spine
8/15/18	“[R]ight-sided stinger”: “he has had a history of stingers on the left side in the past [...] he initially was complaining its of sensation loss and tingling in his right upper extremity all the way to his hand [...] weakness in active triceps extension on the right side compared to the left side”.
8/16/18	Chiropractic treatment, cervical/thoracic spine
10/7/18	“[L]eft-sided upper thoracic compression injury
6/10/19	“Neck pain worse with physical activity”
1/13/19	“C-Spine BP Stretch”
7/26/19	“C-Spine BP Stretch”



Exhibits 25-26.

Today, Jamize suffers from “degenerative disc disease” in his neck and back, a lumbar spine “disc bulge” and “annular fissure at L5-S1 and facet changes at L4-L5 and L5-S1”. Exhibit 27; Exhibit 22; Exhibit 28. He has noticed “paresthesias in his feet” and has “midline pain noted in the cervical spine” as well. Exhibit 28. Moreover, Jamize has “pain in [his] lower back [...] when [he has] to stand or walk for longer than 15 minutes” and “decreased tolerance to prolonged standing or walking”. Exhibit 1; Exhibit 28. “Even sitting down in a chair can become very uncomfortable after many minutes and [he] will seek a place to recline in or lay down. The pain [he] get[s] in [his] low back makes it very difficult to sleep on [his] stomach”. *Id.*

D. Jamize’s Bilateral Shoulder Substantial Impairments

Jamize has bilateral shoulder substantial impairments. During college in August 2011, he sprained his right AC joint. Exhibit 29; see Exhibit 4; Exhibit 25. Then, on September 10, 2014, he “reported to the training room after practice with c/o posterior R shoulder pain. His pain [was] over his R rhomboids and levator. He said that he lowered his shoulder to hit someone [the previous day] in practice and that is when his pain began. He describes it as an aching pain, and he feels it when he raises his arm. [...] He is point tender over the insertion of his levator scapula. He has full ROM for in all planes except for IR on the R which is limited compared to the L shoulder. He has 4/5 strength for flexion, abduction, and ER on the R which seems to be due to pain. He has pain with empty can, O’Brians, and Hawkins impingement test”. Exhibit 29.

About a month later, on October 12, 2014, Jamize “stretched out his arm to make a tackle and felt pain in his shoulder. He continued to play the game and noticed that his soreness gradually increased. He finished the game and had difficulty sleeping that evening. [That] morning he ha[d] limited AROM in flexion, abd and ext. rot. Ant. shoulder point tenderness present.” *Id.* He also had

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“weakness in the right upper extremity”, “limited ROM and strength due to pain”, “pain even with PROM”, and “inflammation”. *Id.* Testing showed “**Marked weakness to supraspinatus isolation strength testing** and difficulty raising his arm over his head. 2+ Neer and 2+ Hawkin’s tests. 1+ Speeds test.” *Id.* (emphasis added). Jamize received treatment into mid-December 2019 for this injury, “Right Shoulder Rotator Cuff Tendinitis/Acute”, including three recorded injections. *Id.*

Jamize also has left shoulder substantial impairments. As described above, he suffered repeated stingers, including a stinger reported on November 28, 2016 that caused “weakness when doing lat pulldowns with his left shoulder.” Exhibit 3. After that, on December 8, 2016, he suffered another “stinger with some residual sensory loss in his thumb and his forearm area.” Exhibit 25. Jamize had a cervical spine MRI, which showed a “C5 [...] right paracentral disc protrusion”. Exhibit 26. Dr. Warren King said that Jamize was dealing with “[r]ecurrent stingers with some decreased sensation around the C6 nerve root.” Exhibit 25. As of 2017, he suffered at least “6 total [stingers] (10 career)” and had “numbness in [his] shoulder/arm, lack of strength (left side)”. *Id.* Moreover, he had “tender” AC and SC joints on October 7, 2018 after suffering an “Upper Back Strain” in practice. *Id.*

Today, Jamize has “degenerative disease in [...] [his] shoulders”. Exhibit 22. He has “LIMITED” ability to “[r]each[] all directions (including overhead)” with “pain in his shoulder”. Exhibit 23; Exhibit 2.

E. Jamize’s Bilateral Ankles, Bilateral Feet, and Right Hand Substantial Impairments

Jamize has bilateral ankle substantial impairments, including DJD and bilateral posterior tibial tendon injuries. He injured his left “anterior tibiofibular ligament” and “anterior talofibular ligament” on September 23, 2013 during a game against the Broncos. Exhibit 30. Then he suffered

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another ankle injury on October 22, 2015. *Id.* By November 17, 2016, Jamize had developed “[p]osterior tibial tendonitis”, requiring “daily treatment regimens”. *Id.* (emphasis added). Two days later, he had a lidocaine “injection of his posterior tibialis tendon” leading to “numbness on the plantar aspect of his foot”, which Dr. Warren King said “would preclude him being able to participate as a running back during a game”. *Id.* As a result, Jamize did not receive further injections. *See id.* He did, unfortunately, have more ankle injuries.

As previously discussed, on December 3, 2017, Jamize “suffered a valgus-type injury [] while participating and playing in the game, in which he suffered a valgus injury to his left knee with the knee flexed approximately 30 degrees, an ankle eversion and external rotation injury. [He had] pain in the medial aspect of his left knee, the primarily lateral aspect of his left ankle and his midfoot. He [was] limping when he [was] walking.” Exhibit 19. A left ankle MRI the next day showed a “full-thickness defect/tear through the anterior distal tibiofibular syndesmotic ligament”, a “Grade 2 sprain of the anterior talofibular ligament”, a “Grade 2 strain at the myotendinous junction of the extensor digitorum longus”, and a “grade 2 sprain of the deep fibers the deltoid ligament [*sic*]”. Exhibit 31 (emphasis added). On December 11, 2017, he continued to have “tenderness” and “pain” with ankle inversion, eversion, dorsiflexion, and plantar flexion. Exhibit 30. By March 2018, Jamize had developed degenerative changes in his left ankle. Exhibit 29. He had another left ankle injury to his anterior talofibular ligament in May 2018. Exhibit 30. Jamize now has “Left Ankle DJD”. Exhibit 25 (emphasis added).

In addition, Jamize has right ankle substantial impairments. He suffered an “inversion-type of [high ankle] injury while running” in a September 13, 2015 game, and he suffered a “posterior tibialis tendon tear” during an October 30, 2016 game on when he was “engaged with another opposing player, being pushed backwards or bull-rushed”. Exhibit 32 (emphasis added). An MRI

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the next day showed the “tear”, as well as ““spurring in the ankle [...] consistent with his history of recurrent ankle sprains”. *Id.*

Moreover, Jamize has bilateral foot substantial impairments. He deals with bilateral degenerative changes and left foot “turf toe”. Exhibit 3; Exhibit 34. In addition, he suffered from bilateral foot injuries from football, including the left midfoot, ankle, and knee injury on December 3, 2017 described above. Exhibit 34; Exhibit 19. MRIs taken the day after the injury showed “arthrosis of the great toe MTP joint” and “cartilage loss along the great toe MTP joint with small osteophytes”. Exhibit 31. Further, he had a “Right Foot Arch Sprain/Traumatic/Plantar Fascial” on August 5, 2015 resulting in a “torn muscle in foot”. Exhibit 34; Exhibit 4.

Today, Jamize has “degenerative disease in [...] both ankles. Exhibit 22. He suffers “pain [...] on the soles of [his] feet when [he has] to stand or walk for longer that 15 minutes. [His] ankles and calves hurt when [he] walk[s] or tr[ies] to run”. Exhibit 1; Exhibit 28. He also has noticed “paresthesias in his feet”. Exhibit 28.

Further, Jamize suffers from right hand substantial impairments. During the game on December 3, 2017 during which he had a left knee, ankle, and foot injury, he also dealt with a “gamekeepers thumb”, with noted “ligament laxity in collaterals at MCP”. Exhibit 19; Exhibit 35. A December 4, 2017 MRI showed “Grade 2 sprains of the ulnar and radial collateral ligaments as well as a possible grade 2 sprain of the thumb metacarpal capsular origin of the volar plate.” Exhibit 36.

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MOREOVER, MR. JAMIZE OLAWALE QUALIFIES FOR LOD BENEFITS BECAUSE HIS PHYSICAL IMPAIRMENTS DEMONSTRATE AT LEAST 9 POINTS ARISING OUT OF LEAGUE FOOTBALL ACTIVITIES

Summary of Physical Impairment(s)	Page(s)
Right Ankle: “posterior tibialis tendon tear”	14
Left Ankle: “posterior tibialis tendonitis”	15
Right Shoulder: “Marked weakness to supraspinatus”	16
Right Shoulder: “inflammation”, “tender”	17
Left Shoulder: “tender”	18
Left Shoulder: “weakness”, “lack of strength”	19
Left Ankle: “tear through the anterior distal tibiofibular syndesmotomic ligament”	20
Left Knee: “laxity”, “Knee Medial Collateral Ligament Tear”	21
Left Ankle: “DJD”	22
Left Foot: “arthrosis of the great toe MTP joint”	23
Right Hand: “ligametrn [<i>sic</i>] laxity in collaterals at MCP”, “gamekeeper’s thumb”	24
Spine: spine impairments from league football activities	25

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RIGHT ANKLE

<u>Ankle Impairment</u>	<u>Point Value</u>
Posterior Tibial Tendon Insufficiency	3

posterior tibialis tendon **tear**

EXHIBIT 32

ASSESSMENT: Strain, partial tear and inflammation in posterior tibialis tendon.

EXHIBIT 32

Right Ankle Posterior Tibialis Strain

EXHIBIT 32

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LEFT ANKLE

<u>Ankle Impairment</u>	<u>Point Value</u>
Posterior Tibial Tendon Insufficiency	3

Posterior tibial tendonitis.

EXHIBIT 30

ASSESSMENT: Left ankle midfoot strain with left ankle inversion sprain.

EXHIBIT 30

Left ankle sprain

EXHIBIT 30

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RIGHT SHOULDER

<u>Shoulder Impairment</u>	<u>Point Value</u>
Symptomatic Rotator Cuff Tendon Tear	2

Marked weakness to supraspinatus

EXHIBIT 29

CHIEF COMPLAINT: Right shoulder.

HISTORY: The player states that yesterday during the game he did an arm tackle with the right arm and has had pain and weakness in the right upper extremity since then. His past medical history is otherwise unremarkable with the exception of a right AC sprain in the past.

EXAMINATION: Right shoulder: Marked weakness to supraspinatus isolation strength testing and difficulty raising his arm over his head. 2+ Neer and 2+ Hawkin's tests. 1+ Speeds test. Neurovascular status is normal.

ASSESSMENT: Right shoulder rotator cuff strain, possible tear.

EXHIBIT 29

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RIGHT SHOULDER

<u>Shoulder Impairment</u>	<u>Point Value</u>
Symptomatic Acromioclavicular Joint Inflammation	2

inflammation

EXHIBIT 29

tender

EXHIBIT 29

Both AC

EXHIBIT 25

limited ROM and strength due to pain. He has pain even with PROM

EXHIBIT 29

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LEFT SHOULDER

<u>Shoulder Impairment</u>	<u>Point Value</u>
Symptomatic Acromioclavicular Joint Inflammation	2

tender.

EXHIBIT 25

Both AC

EXHIBIT 25

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LEFT SHOULDER

<u>Shoulder Impairment</u>	<u>Point Value</u>
Symptomatic Rotator Cuff Tendon Tear	2

weakness.

EXHIBIT 3

HISTORY: The player states he suffered a stinger in the game two weeks ago. He now reports some weakness when doing lat pulldowns with his left shoulder.

PHYSICAL EXAMINATION: He has full range of motion of his neck without tenderness. His motor examination reveal 5/5 strength to the rotator cuff and deltoid area. There is no evidence of atrophy. His neurovascular status is normal.

ASSESSMENT: Reported stinger episode with weakness to his latissimus dorsi doing lat pulldowns. No evidence of obvious atrophy or sensory deficits.

EXHIBIT 3; see EXHIBIT 25

Numbness in my shoulder/arm, lack of strength (left side)

EXHIBIT 25

INJURED during the season? [] YES [] NO
 ails:

② Stinger
 Deltoid (10 career)

One weak

EXHIBIT 25

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LEFT ANKLE

<u>Ankle Impairment</u>	<u>Point Value</u>
Tibialis Anterior Tendon Insufficiency	3

tear

EXHIBIT 31

1. Full-thickness defect/tear through the anterior distal tibiofibular syndesmotc ligament with surrounding edema and soft tissue swelling as well as edema within the soft tissues about the distal tibiofibular syndesmotc membrane.

2. Grade 2 sprain of the anterior talofibular ligament.

EXHIBIT 31

grade 2 sprain of the anterior tibiofibular ligament.

EXHIBIT 30

acute on chronic sprain of the ATF grade II

EXHIBIT 30

Left ankle sprain

EXHIBIT 30

ASSESSMENT: Left ankle midfoot strain with left ankle inversion sprain.

EXHIBIT 30

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LEFT KNEE

<u>Knee Impairment</u>	<u>Point Value</u>
Symptomatic MCL Tear with Moderate Or Greater Instability	2

laxity

EXHIBIT 19

Left Knee Medial Collateral Ligament Tear

EXHIBIT 19

	Knee
	Effusion
	ROM
	PF Crepitus
	PF Alignment
	Valgus 0°
	Valgus 30°

ACL-BTB/HS/ALLO
☒ MCL
☐ PCL
☐ PF-Inst. / DJD
☐ Loose Body
☐ Meniscus

EXHIBIT 29

Left Knee MCL

EXHIBIT 25; EXHIBIT 19

Grade 1 sprain of the medial collateral ligament.

EXHIBIT 21

		KNEES			
Strained	<input checked="" type="radio"/> Left or Right	Sprain Ligament	<input type="radio"/> Left or Right	Torn Ligaments	<input type="radio"/> Left or Right
Torn Cartilage	<input type="radio"/> Left or Right	Knee Cap Injury	<input type="radio"/> Left or Right	Fractures	<input type="radio"/> Left or Right
Operations	<input type="radio"/> Left or Right	Injections	<input type="radio"/> Left or Right	Pains	<input type="radio"/> Left or Right
Dislocations	<input type="radio"/> Left or Right	Missed Practice	<input type="radio"/> Left or Right	Missed Games	<input type="radio"/> Left or Right
Bruise	<input type="radio"/> Left or Right	Bursitis	<input type="radio"/> Left or Right	Swelling	<input type="radio"/> Left or Right
Locking	<input type="radio"/> Left or Right	Giving Away	<input type="radio"/> Left or Right	Arthroscopies	<input type="radio"/> Left or Right
Wear Braces	<input type="radio"/> Left or Right	Casted	<input type="radio"/> Left or Right	Arthritis	<input type="radio"/> Left or Right
Chondromalacia	<input type="radio"/> Left or Right	Grinding	<input type="radio"/> Left or Right	Other	<input type="radio"/> Left or Right
<input type="checkbox"/> None Of These Apply					
EXPLAIN: Sprained MCL last week; I missed no					

EXHIBIT 4

ATHLAW LLP

LEFT ANKLE

<u>Ankle Impairment</u>	<u>Point Value</u>
Degenerative Joint Disease - Moderate Or Greater (i.e., significant loss of joint space as confirmed by clinical examination and x-ray)	3

Left Ankle DJD

EXHIBIT 19

Left Ankle DJD

EXHIBIT 25

EXHIBIT 29

<u>ANKLES</u>					
Sprains	<u>Left</u> or Right	Strain	Left or Right	Fractures	Left or Right
Dislocations	Left or Right	Operations	Left or Right	Injections	Left or Right
Casted / Splinted	Left or Right	Pain	Left or Right	Missed Practice	Left or Right
Missed Games	Left or Right	Bruise	Left or Right	Other	Left or Right

EXPLAIN: ☐ None Of These Apply

Sprained Ankle on the same
play as my MCL sprain; Missed

EXHIBIT 4

ATHLAW LLP

LEFT FOOT

<u>Foot Impairment</u>	<u>Point Value</u>
Hallux Rigidus - Moderate Or Greater (i.e., significant loss of joint space as confirmed by clinical examination and x-ray)	1

Mild to moderate arthrosis of the great toe MTP joint

EXHIBIT 31

dy - 8^s

EXHIBIT 34

Left Great Toe

EXHIBIT 25; EXHIBIT 19

CHIEF COMPLAINT: Left foot pain.

HISTORY: The player comes in stating he had some pain over the medial aspect of his left foot following the game. He does not remember any specific injury.

EXHIBIT 34

Left Foot Contusion

EXHIBIT 34

ATHLAW LLP

RIGHT HAND

<u>Hand Impairment</u>	<u>Point Value</u>
Mediolateral Ligamentous Instability - Moderate Or Greater (i.e., instability that significantly impairs the Player's ability to perform normal activities of daily living (bathing, grooming, dressing, driving, etc.))	1

ligament laxity in collaterals at MCP. Appears to be a gamekeepers thumb.

EXHIBIT 35

gamekeeper's thumb injury.

EXHIBIT 19

1. Grade 2 sprains of the ulnar and radial collateral ligaments as well as a possible grade 2 sprain of the thumb metacarpal capsular origin of the volar plate.

EXHIBIT 36

ATHLAW LLP

CERVICAL SPINE

<u>Cervical Spine Impairment</u>	<u>Point Value</u>

C4-C5: Small diffuse right paracentral disc protrusion, slightly indenting the anterior thecal sac, resulting in mild right-sided

EXHIBIT 26

IMPRESSION:

Minimal to mild degenerative disc disease in the cervical spine, particularly at C4-5, resulting in mild right-sided neural foraminal narrowing at C4-5 and mild left-sided neural foraminal narrowing at C5-6.

EXHIBIT 26

Numbness in my shoulder / Arm, lack of strength (left side)

EXHIBIT 25

Interfered during the season? [] YES [] NO
 Ails:

② Stage
 6th Grade
 (10 career)

One weak

EXHIBIT 25

right-sided stinger

EXHIBIT 25

ATHLAW LLP

The Committee should reasonably deem Jamize T & P disabled because the cumulative impact of football on his body, brain, and mind has resulted in a destruction of his overall health such that he is substantially unable and substantially prevented from engaging in any considerable occupation. Moreover, Jamize qualifies for LOD benefits because his physical impairments demonstrate at least 9 points arising out of league football activities. Thus, respectfully, the Committee should prudently determine that Mr. Jamize Olawale is entitled to his collectively bargained for T & P, LOD, and NC benefits.

Sincerely,

Samuel Katz, Esq.
Managing Partner
Athlaw LLP

ATHLAW LLP

Jamize Olawale

List of Submitted Supporting Exhibits

EXHIBIT	DOCUMENT NAME
1	Declaration of Jamize Olawale
2	Declaration of Brittany Olawale
3	Concussions and Head Trauma Medical Records
4	Dallas Cowboys Football Club Health History Questionnaire dated 3/27/18
5	Dr. Thomas Hardy Neuropsychological Consultation Report dated 10/9/17
6	NFL Concussion Assessment dated 10/8/17
7	Dr. Thomas Hardy Neuropsychological Consultation Report dated 10/13/17
8	Concussion Assessment dated 6/10/19
9	Dr. Alan Martin Report dated 1/3/20
10	Dr. Alan Martin Report dated 2/6/20
11	Dr. Erin Reynolds Report dated 2/11/20
12	Physical Therapy Office Visit Note dated 2/19/20
13	Physical Therapy Office Visit Note dated 2/26/20
14	Dr. Erin Reynolds Report dated 4/29/20
15	Dr. Erin Reynolds Report dated 3/20/20
16	Concussion Assessment dated 7/28/20
17	Dr. Alan Martin Report dated 9/25/20
18	Kane Hall Barry Neurology Office Visit Note dated 1/22/21
19	Left Knee Medical Records
20	Left Knee MRI dated 8/19/16
21	Left Knee MRI dated 12/4/17
22	Dr. James Montgomery Note dated 1/19/21
23	Physical Residual Functional Capacity Assessment dated 1/14/21
24	Dr. James Montgomery Patient Report dated 1/7/21
25	Spine and Left Shoulder Medical Records
26	EMR 389-390 Cervical Spine MRI dated 12/9/16
27	Lumbar Spine MRI dated 1/20/21
28	Dr. Marvin Van Hal Notes dated 1/11/21 & 1/28/21

JO-00619

ATHLAW LLP

EXHIBIT	DOCUMENT NAME
29	Right Shoulder Medical Records
30	Left Ankle Medical Records
31	Left Ankle MRI dated 12/4/17
32	Right Ankle Medical Records
33	Right Ankle MRI dated 10/31/16
34	Bilateral Feet Medical Records
35	Right Hand Medical Record dated 12/3/17
36	Right Hand MRI dated 12/4/17

JO-00620

Personal Statement

My name is Jamize Robert Olawale and I feel it is important for me to explain in greater detail some of the physical and mental issues I have been dealing with after having played 8 years in the NFL. It is my hope that by reading this explanation, people will be able to understand the issues I face on a day to day basis- issues that have only gotten worse.

Of all the physical beating my body has taken over the course of my football career, the issues I deal with mentally are my greatest concern. I'll begin with my memory issues.

I began noticing I had more serious issues remembering things a few years ago, probably around 2015. I (ironically) remember one instance in which I was trying to recall the team we had played the week before. It was in the middle of the following week and we were preparing for our upcoming opponent so I know that not even 7 days had passed since we played this last opponent that I was trying to recall. For some reason I just could not jog my memory. This issue began to trouble and upset me and I determined in my heart to figure out who it was that we played roughly 5 days prior without checking our schedule or looking on the internet. Up until this point in my life, like anyone else, I had on occasion forgotten something from the past but unlike this situation I would always be able to recall what it was that I was trying to remember after a few seconds of thought. On this particular day I spent well over 10 minutes diligently trying to comb my memory bank to remember the team we had just played! Again, I could have easily checked the schedule but for some reason I was determined to remember this fact on my own. After about 10 minutes or so of trying to recall this team, I remember something purple catching my attention (perhaps a towel or something else around me at the time). This color jogged my memory enough for me to remember the color uniform of the team we had just played. It was the Minnesota Vikings! I was relieved to have finally remembered but I thought it was very strange that it took that long for me to be able to recall something as significant as an opponent I had just spent the previous week preparing for and playing.

Since that day, my memory has only gotten worse. I now have trouble remembering what I was talking or thinking about if I am interrupted in the middle of what I am doing. A recent example of this: I was looking through my phone for a group text I had with my wife's employee and my wife (she owns a preschool), I forget the specific reason but I know it was for something very important. I had just opened my phone and clicked on the "messages" app when one of my children (I have three, but I forget which one asked me the question) asked me a simple question. I remember it was a simple question because it only required me to take my eyes off my phone very briefly (as if to answer "yes" or "no"). When I returned to my phone probably literally a second to a second and a half later, I had no idea what it was I was trying to do. Nevermind forgetting who I was trying to look for, I could not even remember why I had opened my phone in the first place, but I could not shake the feeling that it was for something very important. I spent the next 20 minutes or so frustratingly trying to remember what I

needed to do that was so important. Eventually, this particular employee texted in a group chat and it was enough for me to remember who it was I was trying to speak to. Even with being able to remember that, I still wasn't able to remember the reason I needed to speak with them and to this day I don't know if that affected my wife's business or not. Thankfully, my wife is handling the operations of her school so I know that she'll remember and get it done.

These are just a couple examples of the issues I have recalling things I am doing or saying/thinking. I also have issues losing my train of thought when reading or watching tv. An example of this is the fact that every morning I read one chapter of a book in my bible. I would estimate that it takes me 3-4 minutes longer to read that single chapter (sometimes only a few verses long) than it would a normal adult my age. The reason for this is because not only do I get easily distracted when reading (not just with reading my bible, with anything) but when I am able to divert my attention back to what I am reading I find myself having to repeat the last sentence I just read many times over just to remember where I was in the book. This is a weird phenomenon that I have only recently (within the past couple of years) noticed I have been doing. I never used to have this problem. Similarly, while watching tv if someone asks me a question or if I get distracted in anyway, often times I will have to refocus and mentally go back a few minutes of the show in order to be able to continue following along in the show or movie. This obviously makes it difficult to watch or read anything in a place that isn't completely quiet and without distractions. I have many more examples of how my memory has been affected.

In addition to my memory issues, and probably connected to them, I also have frequent but random headaches. I normally notice them first thing in the morning, but there are times when I won't notice it until the afternoon. Every now and then I will get a bad headache in which I would either want to or actually will take medication to calm it down, otherwise I try my hardest not to use any medication for fear of developing a dependency on them or for any other long term side effects they could have on my body.

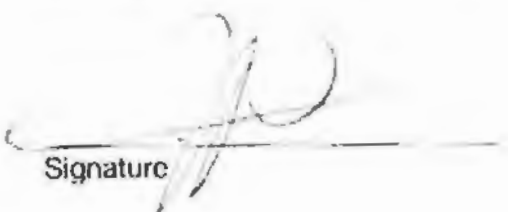
Also connected to these headaches I notice that I am very irritable, I get angry a lot and often times I blow up for seemingly insignificant reasons. It saddens me that my wife and my children have to walk on eggshells around me knowing that I may blow up for something as simple as spilling water on the floor or interrupting me while doing something. I feel they are connected to the headaches because I noticed they both started around the same time. I notice that I am unhappy and down a lot (which may also explain why I am irritable towards my family). I would not classify it as depression, although I am not a psychologist, but I do notice that often times I am unhappy for no reason at all. I have a blessed life and I am grateful to the Lord for all that he has blessed me with, which is why it perplexes me that I would have any sign of unhappiness. When I am unhappy I usually also get more aggressive.

Lastly, as it relates to the mental issues, I have noticed that my speech has been affected. I've noticed I struggle saying some words and that at various times throughout

a conversation I will stumble over some words. For this reason I try not to have long conversations with people because I am very subconscious about this issue. I have noticed many times while talking that I will try to say two words at once. This of course will cause me to stumble over those words and I always have to regroup and repeat whatever it was that I was trying to communicate. People have also told me that it is difficult to understand me when I talk because I mumble.

In addition to the issues I deal with mentally, I also deal with things physically. I have pain in my lower back and on the soles of my feet when I have to stand or walk for longer than 15 minutes. My ankles and calves hurt when I walk or try to run and because of the pain I have in my knees, I avoid squatting whenever possible. Even sitting down in a chair can become very uncomfortable after many minutes and I will seek a place to recline in or lay down. The pain I get in my low back makes it very difficult to sleep on my stomach, so I spend most of the night sleeping on my right or left side.

Like my mental issues, these problems have only gotten worse over the course of my career and it is troubling to think about how bad they can be years from now if they continue to get worse.



Signature

Date

1/26/2021

Statement of Brittany Olawale

My name is [REDACTED] and I am Jamize's wife. I wanted to give some details about the mental and physical issues Jamize has been facing.

Mental issues are the most significant. Jamize and I will discuss things about my business and if I interrupt him or talk too long about a subject he forgets what he wants to say. This makes him irritable and he gets frustrated with me or himself because he can't remember what he wanted to say. So I try very hard not to interrupt his thought or talk too much because I know it's difficult for him to process things when I do a lot of talking.

He just wants to be by himself. He will spend time in our theater room, which is dark. I don't think he notices it, but he'll be sitting alone with the lights off. He's not a very vocal person, but his physical actions show that he needs time alone, and this isn't how he was before. He always wanted to be together and do everything together because that's how he was with his dad and brother.

He's aggressive or more assertive sometimes than he used to be. There was a period of time after his 3rd year of playing where we started getting into big ugly arguments (about nothing important or worth arguing over) right before he would leave for camp. It happened every year until I realized what was happening. I try not to trigger Jamize with my own stress.

I talk really fast, and sometimes he has trouble understanding me. We have a hard time communicating because of this. Jamize doesn't like to go out with friends or place where he doesn't know people. He gets frustrated easily by things not worth being frustrated about and agitated whenever he gets a headache. He has a really bad headache about once a month. He has headaches that are less bad at least once a week.

He has confusion with complex conversations. He loves talking about business and learning about business strategies but can't keep up with the details of things like he used to. He needs to go at his own pace.

I notice that sometimes he has a limp when he walks. It makes me worried what life will be like for him when he's older. He's complained of pain in his shoulder and back. He says his knees hurt whether he lifts a lot or a little. When he tries to run he complains of pain in his feet and hamstrings. He can't do what he used to without pain.

I'm worried about our future, and I see that Jamize is concerned about that too. I work as a realtor and I just opened a preschool. I know that I will need to be the sole provider for our family and our children because Jamize isn't able to work. He's sacrificed so much of himself without complaining. I believe it's my turn to carry that weight.


Signature

1/29/2021
Date

JO-00624

From: [Elton Banks](#)
To: [Stephanie Torlina](#)
Subject: FW: New Applications
Date: Tuesday, March 30, 2021 11:16:46 AM

Olawale's application in your mail folder.

Elton Banks - Senior Benefits Coordinator
Phone 800.638.3186 ex.444 **Fax** 410.783.0041



200 St. Paul Street, Suite 2420, Baltimore, Maryland 21202

From: Linda Johnston
Sent: Monday, March 29, 2021 2:54 PM
To: Elise Richard <erichard@nflpb.org>; Elton Banks <ebanks@nflpb.org>; Emily Parks <eparks@nflpb.org>; Kris Wille <kwille@nflpb.org>; Meghan Pieklo <mpieklo@nflpb.org>; Sam Vincent <svincent@nflpb.org>; Stephanie Torlina <storlina@nflpb.org>
Subject: New Applications

Applications just received for Natravis Claybrooks (T&P and NC) and Jamize Olawale (T&P, LOD and NC). Saved in general Disability mail folder.

Linda Johnston Executive Assistant
Toll Free 800.638.3186 **Phone** 443.769.1403 **Fax** 410.783.0041



NFL PLAYER BENEFITS

NFL Player Benefits Office

200 St. Paul Street, Suite 2420, Baltimore, Maryland 21202

JO-00625

Complete and sign the application**SEND THIS PAGE**

Fill this application out to the best of your ability. You may be subject to loss of benefits and to other penalties and sanctions under law if you make any false or misleading statements or omissions.

Attach additional pages if you need more space to explain your situation.

RECEIVED**MAR 29 2021**
**NFL PLAYER DISABILITY & NEUROCOGNITIVE BENEFIT PLAN
TOTAL & PERMANENT DISABILITY BENEFITS APPLICATION**
NFL PLAYER BENEFITS**Player information**

Player's name (first, middle, last)

Jamize Olawale

Date of birth

[REDACTED]

Social Security Number

[REDACTED]

Address (number and street)

[REDACTED]

Apartment, suite, unit, etc.

City

[REDACTED]

State

[REDACTED]

Zip Code

[REDACTED]

Phone number

[REDACTED]

Email (optional)

[REDACTED]

Recent surgeries

Have you had surgery, or do you intend to have surgery, within 12 months of the date on this application?

☐ Yes ☒ No

If yes, please explain:

Medical records & other supporting documents

Unless you submit evidence that you receive Social Security disability benefits, you must submit medical record(s) to complete your application. Your application will be denied if you do not.

What documents are you providing with this application?

Exhibits 1-36 (medical records, including team medical records, imaging, and report of Dr. James Montgomery finding me "disabled"); Legal Brief in Support of Application

Do you plan to submit additional documents at a later date?

No

 Your application will not be complete, and will not be processed, until all supporting documents are received by the Plan.

Disabilities and cause

List each health condition or impairment that keeps you from working. *Example: Knee injury.*

Please see attached page.

☐ Check here if you previously applied for disability benefits and want to use the medical records in your file for the current application.

 Be sure that your application identifies all of your impairments. In most cases, the Committee will only consider those impairments that you identify in the application. Attach additional pages if necessary.

Describe how these impairments affect your daily life. *Example: My injured knee causes intense pain, and I cannot climb stairs.*

Any work activities are painful due to the overall impact of my orthopedic, neurological, neurocognitive, and psychological impairments, including but not limited to cumulative trauma.

- CONTINUED ON NEXT PAGE -

Complete and sign the application

SEND THIS PAGE

Disabilities and cause (continued)

Higher benefits are payable if the disability(ies) that renders you totally and permanently disabled arose while you were an Active Player and your application for Plan T&P benefits is received within 18 months after you are no longer an Active Player. Complete this section if you think you are eligible for Active Football or Active Non-football benefits.

When did the disability arise?

This can be a date or an explanation

During my NFL career

When did it prevent you from working?

This can be a date or an explanation

By the end of my NFL career

What do you think caused, or contributed to, this disability? *Example: Car crash*

Trauma to my body, brain, and mind. I also want to note that I was in a car accident in high school.

Is your condition(s) related to military service?

☐ Yes

☒ No

If yes, please explain.

Did your disability result from alcohol abuse, substance abuse or psychiatric problems?

☒ Yes

☐ No

If yes, please explain if and how this is related to an NFL-football activity.

I suffered repetitive head trauma in the NFL (including recorded concussions). Now I have headaches, memory problems, left chronic vestibular hypofunction, speech problems, dizziness, fogginess, losing my train of thought, mood swings, sensitivity to light, depression, concussions and repetitive head trauma from football, cumulative trauma, and the cumulative effect of these impairments.

Social Security disability

Are you currently receiving Social Security disability benefits?

☐ Yes

☒ No

If you checked "Yes," you must submit the following:

- a letter or other evidence from the Social Security Administration which states that the Social Security Administration determined you were unable to work; and
- a recent check stub or a letter from your local Social Security Administration office which states that you are still receiving Social Security benefits.

If you checked "No," have you applied for Social Security disability benefits?

☐ Yes

☒ No

Please fill out the Employment Information section on the next page.

- CONTINUED ON NEXT PAGE -

Complete and sign the application**SEND THIS PAGE****If you are currently receiving Social Security disability payments**

Skip the Employment Information section. Be sure to sign the application at the bottom of the page.

If you are NOT receiving Social Security disability payments

Fill out the Employment Information section below and sign the application at the bottom of the page.

Employment information

Are you currently employed?

☐ Yes ☐ No ☒ Never worked after playing NFL football

If you checked "Yes" or "No," please complete the following:

Your current or last employer		Start date
Employer's address		
Supervisor's name		Supervisor's phone number
Job title		Annual salary (before tax)
Daily duties		
Reason for leaving (if applicable)		End date (if applicable)

If you checked "Yes" in the box above, please submit the following documents:

- ✓ Federal and state income tax returns for the last three years
- ✓ Current-year salary information, such as a pay stub or letter from your employer

Signature and authorization

I certify that all information and documents provided on or with this Application are, to the best of my knowledge, true, correct, and complete. I also authorize the NFL Player Disability & Neurocognitive Benefit Plan to use or disclose all individually identifiable health information submitted to the Plan on my behalf, or created in connection with this Application, to all individuals as needed for Plan purposes.

Player's signature



Date completed

3/24/2021

QUESTIONS? Call the NFL Player Benefits Office at 800.638.3186 or visit nflplayerbenefits.com

Last revised 10/2020

JO-00628

Complete and sign the application

Please read and sign this consent form so that you understand what will happen next — particularly as it pertains to the independent medical examination.


NFL PLAYER DISABILITY & NEUROCOGNITIVE BENEFIT PLAN CONSENT FORM FOR TOTAL & PERMANENT DISABILITY BENEFITS APPLICATION

In submitting my application for T&P benefits, I understand that:

1. I may be required to undergo a comprehensive evaluation, and I certify I will be able to attend such evaluation within 30 days from the date this Application is received by the NFL Player Benefits Office.
2. Failure to attend this evaluation without two business days advance notice, and to cooperate with this evaluation, will result in my application being denied. If the NFL Player Benefits Office changes or reschedules an examination at my request, I understand that I must attend that examination, or I will be ineligible for benefits (unless circumstances beyond my control prevented me from attending the examination).
3. The examination will not be videotaped or otherwise recorded.
4. There will be no doctor-patient relationship between me and the physicians or other health professionals arranged by the Plan to examine me.
 - a. Reports from these examinations will be sent to the Plan, not directly to me. I will be able to obtain a copy of these reports by requesting them in writing from the NFL Player Benefits Office.
 - b. Neither I nor any of my representatives (attorneys, treating physicians, etc.) are allowed to contact these physicians and health professionals, such as to discuss my condition or to request copies of reports.
5. These physicians and health professionals are required to comply with ethical and legal obligations. For example, they are obligated to act if they determine that I am a danger to myself or others.
6. By signing this form, I consent to the above, and I will comply with the Plan's procedures in connection with my claim for T&P benefits.

Signature and authorization

☒ I have read and understood the information in this Consent Form.

Player's name (print) Jamize Olawale	Player's signature 	Date completed 3/24/2021
---	---	-----------------------------

Attached Page to Jamize Olawale's Total & Permanent Disability Benefits Application

List each health condition or impairment that keeps you from working. *Example: Knee injury.*

The substantially work-limiting cumulative effect of all my conditions, including but not limited to headaches, memory problems, left chronic vestibular hypofunction, speech problems, dizziness, foggiess, losing my train of thought, mood swings, sensitivity to light, depression, concussions and repetitive head trauma from football, cumulative trauma, and the cumulative effect of these impairments, in combination with "degenerative disease in both knees", "severe patellofemoral chondromalacia", "Left Knee Medial Collateral Ligament Tear", left knee "laxity", "degenerative disc disease" in my neck and back, a lumbar spine "disc bulge" and "annular fissure at L5-S1 and facet changes at L4-L5 and L5-S1", "paresthesias in [my] feet", "midline pain noted in the cervical spine", "pain in my lower back [...] when I have to stand or walk for longer than 15 minutes" and "decreased tolerance to prolonged standing or walking", pain when sitting or lying down, "degenerative disease in [...] [my] shoulders", "LIMITED" ability to "[r]each[] all directions (including overhead)" with "pain in [my] shoulder", right supraspinatus "Marked weakness", right shoulder "inflammation" and "tender[ness]", left shoulder "tender[ness]", "weakness", and "lack of strength", bilateral ankle "DJD", bilateral ankle tendon tears, my "ankles and calves hurt when I walk or try to run", "arthrosis of the great toe MTP joint", "pain [...] on the soles of my feet when I have to stand or walk for longer than 15 minutes", I have "paresthesias in [my] feet", "ligament [sic] laxity in collaterals at MCP", "gamekeeper's thumb", cumulative trauma, and the cumulative effect of these impairments.



SAMUEL KATZ, ESQ.
Managing Partner, Athlaw LLP
8383 Wilshire Blvd. Suite 800
Beverly Hills CA 90211
(818) 454-3652
samkatz@athlawllp.com

March 23, 2021

NFL DISABILITY INITIAL CLAIMS COMMITTEE
NFL Player Disability & Neurocognitive Benefit Plan
200 Saint Paul St., Ste. 2420
Baltimore, MD 21202

Re: **JAMIZE OLAWALE'S APPLICATIONS FOR T & P, LOD, AND NC
DISABILITY BENEFITS**

Dear ERISA Administrator:

Respectfully, Mr. Jamize Olawale requests his collectively bargained for Total & Permanent ("T & P"), Line-Of-Duty ("LOD"), and Neurocognitive ("NC") Disability benefits because he satisfies the plain terms of the NFL Player Disability & Neurocognitive Plan (the "Plan"). Mr. Olawale – who is substantially unable and substantially prevented from engaging in or maintaining any employment and "**disabled secondary to his osteoarthritis**" due to his documented mental and physical substantial impairments, including lasting concussions and degenerative changes in his knees, ankles, and feet – humbly requests that the Disability Initial Claims Committee (the "Committee") act reasonably, and in a manner consistent with the exact terms of the Plan, by awarding him the collectively bargained-for benefits that he deserves.

ATHLAW LLP

STATEMENT OF FACTS

MR. JAMIZE OLAWALE QUALIFIES FOR T & P DISABILITY BENEFITS DUE TO THE SUBSTANTIALLY WORK DISABLING CUMULATIVE IMPACT OF ALL OF HIS SUBSTANTIALLY DISABLING SYMPTOMS INCLUDING LEFT CHRONIC VESTIBULAR HYPOFUNCTION, MEMORY PROBLEMS, HEADACHES, SPEECH PROBLEMS, DIZZINESS, FOGGINESS, LOSING HIS TRAIN OF THOUGHT, MOOD SWINGS, SENSITIVITY TO LIGHT, OTHER SIGNIFICANT MENTAL IMPAIRMENTS, AND SEVERE WORK LIMITATIONS, IN COMBINATION WITH DEBILITATING ORTHOPEDIC DISABILITY(IES) TO HIS SPINE, BRAIN, LEFT KNEE, SHOULDERS, ANKLES, FEET, AND RIGHT HAND, RENDERING HIM SUBSTANTIALLY UNABLE AND SUBSTANTIALLY PREVENTED FROM ENGAGING IN ANY OCCUPATION

Jamize is substantially unable and substantially prevented from engaging in any occupation due to the overall effect on his body, brain, and mind from disabling mental and physical disability(ies). His medical records, including team medical records and records from treating physicians, provide more detail about the extent of his injuries and substantial impairments, his resulting symptoms, and his substantial limitations today.

A. Jamize's Concussions and Repetitive Head Trauma from Football, With Ongoing Concussion Symptoms Today

Jamize suffered from at least four (4) documented concussions and head trauma. He had his first **concussion with loss of consciousness** when he was only nine (9) years old, hitting his head on a pole. Exhibit 3; Exhibit 9. Jamize then had “**2x Concussions** both in J.C. [junior college]” and went on to suffer more in the NFL. Exhibit 3 (emphasis added). In November 2016, he “**made contact with his head** and felt the stinger while blocking”, resulting in a “Left Neck Brachial Plexus Stretch”. *Id.* (emphasis added). Later that month, he noticed “weakness when doing lat pulldowns with his left shoulder.” *Id.*

Moreover, Jamize suffered a lasting concussion less than a year later. On October 8, 2017, he “was trying to make a tackle when the L. Knee of one of his teammates hit him above the R.

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Eye as his helmet came up and caused a laceration and **concussion.**" *Id.* (emphasis added); Exhibit 4. "He remembered the pain of the hit and then next remembered that he was face down on the field." Exhibit 5. "He felt 'dazed, foggy, like it was an out-of-body experience.' He was able to get up on his own but noted that he was bleeding. He was able to walk to the sideline but could not remember whether someone else walked with him." *Id.* Jamize saw neuropsychologist Dr. Thomas Hardey the next day. Dr. Hardey explained what happened next:

Jamize watched the game and then showered. By this time, he had a headache 'all over' and a throbbing pain in his right temple. He became nauseous and felt dazed. His wife drove him home after the game and he experienced the same symptoms when he was there. He went to bed at 8 p.m. which is early for him but woke again at 10 p.m. He was unable to fall back to sleep until 4 a.m. [...] He reported that he has a continuing but lessening headache, continuing but less throbbing pain over his right eye. His eye was more swollen. He also noted pain when his car went over bumps in the road or when he was walking up or down stairs. He stated that shaking his head 'hurts my brain.'

In retrospect, Jamize feels that he might have had 'minor concussions' **earlier in the year**, particularly in the preseason game against Dallas and on one other occasion during summer training camp. He stated that **his current concussion is the worst that he has had since his NFL rookie year.**

Exhibit 5 (emphasis added), *see* Exhibit 3. On post-injury testing immediately after the concussion, Jamize had trouble with word recall (14/30) and delayed word recall (4/10). Exhibit 6. Dr. Hardey noted that:

"Mr. Olawale was given the ImPACT test to update baseline testing done in April 2016. In comparing today's results to those, this player has poorer scores in visual memory, visual motor speed, reaction time, and total symptom scores. Today, he was also administered the Trail Making Test. On Part A, his score was at the 20th percentile; on Part B, it was at the 50th percentile. Neither of the above scores indicate that he has returned to baseline neuropsychological levels."

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Exhibit 5. Dr. Hardey then noted that Jamize's "**reported symptoms remain[ed] high (18)**" on October 13, 2017. Exhibit 7 (emphasis added); *see* Exhibit 3. "He indicated that he continues to have headache, swelling in his temple, a feeling of pressure in his head, and a sensitivity to both light and sound. He noted that he has been attending team meetings but finds it harder to concentrate and to focus. He has similar difficulties when he goes home." Exhibit 7.

After Jamize's 2017 concussion, he continued to have symptoms for at least two months, including "random headaches/dizziness", "trouble remembering things", "neck pain", "Pressure in head", "Don't feel right", "Difficulty concentrating", "Difficulty remembering", "More emotional", and "Irritability". Exhibit 3 ("HA for 2-3 mo"); Exhibit 8.

During the 2019 season, Jamize again began to suffer from **frequent headaches**. These started occurring after he had a "significant stinger" and "neck soreness" during training camp. Exhibit 3. The headaches "occur approximately 2-4 times per week and are never significant enough to limit him as far as activities. [...] he is also concerned about some perceived 'forgetfulness'". *Id.* Jamize saw neurologist Dr. Alan Martin on January 3, 2020, who diagnosed him with "headache syndrome", noting Jamize's history of "multiple concussions", as well as "multiple concussive-type symptoms throughout his professional career that he did not report. He would have symptoms with head trauma with transient symptoms of being dazed with ringing in the ear and mild headache [...] He occasionally would have nausea". Exhibit 9; *see* Exhibit 3. Unfortunately, Dr. Martin reported on February 6, 2020 that Jamize's "headaches have not resolved after the football season, although he did feel like he had more frequent headaches when he was involved in full contact during the season." Exhibit 10.

Jamize then saw neuropsychologist Dr. Erin Reynolds on February 11, 2020. Dr. Reynolds further described Jamize's head trauma and symptoms throughout the 2019 season:

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He reports noticing headaches this year while driving to training camp or when he would wake up from a nap. [...] Jamize reports sustaining multiple hits through the 2019-2020 season, with four to five hits standing out as more significant. He reports experiencing on-field dizziness with disorientation and confusion following those hits" [...] [H]is wife is concerned about ongoing symptoms, particularly **memory deficits, changes in mood, and ongoing headaches.**" [...] **Jamize admits to avoiding quick head movements and likes to hang out in dark room. He has also observed changes to his speech including stumbling on words and long pauses within conversations.**"

Exhibit 11 (emphasis added). Moreover, Jamize told Dr. Reynolds about his "dizziness", "[f]ogginess", feeling "lightheaded", "light and noise sensitivity", "[d]ifficulty concentrating, retaining information, [and] los[ing] train of thought during conversations." *Id.* Dr. Reynolds "administered a Dynamic Visual Acuity Test (DVAT) which revealed significant gaze instability [...] He also exhibit[ed] positive left Head Impulse Test which indicates left peripheral hypofunction. Pursuits and saccades [...] did provoke mild dizziness with increased repetitions. These findings, in combination with subjective reports, may indicate high functioning **left chronic vestibular hypofunction**". *Id.* (emphasis added).

Jamize attended two sessions of vestibular physical therapy on February 19 and 26, 2020. Exhibits 12-13. Unfortunately, "towards the end of March he had a few severe headaches. He reports that these headaches were more severe than his previous headaches". Exhibit 14; see Exhibit 15. In July 2020, when he took a concussion assessment, Jamize still had "[h]eadache" and "[d]ifficulty remembering", and he felt "[i]rritab[le]". Exhibit 16. He scored only 22/30 on immediate memory testing and 6/10 on delayed memory. *Id.* His headaches continued into September 2020, when Jamize told Dr. Martin that he "has had to write himself notes [] on his phone to help with memory". Exhibit 17.

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On January 22, 2021, Jamize saw Jessica Mason of Kane Hall Barry Neurology. She noted Jamize's history of "multiple concussions" and her concern that he still has "post-concussion syndrome" with "headaches". Exhibit 18. She said that Jamize has "memory loss", "forgetfulness and word finding difficulty", "loss of concentration", and "[t]remor of both hands" that she observed "[d]uring casual conversation". *Id.* (emphasis added). She also administered the MoCA, and Jamize scored "**24/30 with 0/5 5 min recall and language deficits**". *Id.* (emphasis added).

Today, Jamize's "issues [he] deal[s] with mentally are [his] greatest concern." Exhibit 1. Since a few years ago when he first noticed memory problems (such as substantial difficulty recalling the team he had played the week before), Jamize's "memory has only gotten worse. [He] now [has] trouble remembering what [he] was talking or thinking about if [he is] interrupted in the middle of what [he is] doing." *Id.* His wife Brittany has noticed this problem too: "I interrupt him or talk to long about a subject he forgets what he wants to say. This makes him irritable and he gets frustrated with me or himself because he can't remember". Exhibit 2. "[He] also [has] issues losing [his] train of thought when reading or watching tv. [...] This obviously makes it difficult to watch or read anything in a place that isn't completely quiet and without distractions." Exhibit 1. Further, Brittany notes his "confusion with complex conversations". Exhibit 2.

In addition, Jamize's "speech has been affected. [He] noticed [he] struggle[s] saying some words and that at various times throughout a conversation [he] will stumble over some words. [...] [He has] noticed many times while talking that [he] will try to say two words at once." Exhibit 1. Brittany notices that "sometimes he has trouble understanding" her because she talks fast. Exhibit 2. "We have a hard time communicating because of this." *Id.* Jamize continues to have "frequent but random headaches", and "connected to these headaches [he] notice[s] that [he is] very irritable, [he] get[s] angry a lot and often times [he] blow[s] up for seemingly insignificant reasons." Exhibit

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1; Exhibit 2. He also “wants to be by himself”, “sit[s] alone with the lights off”, and “doesn’t like to go out with friends or place where he doesn’t know people”. Exhibit 2.

B. Jamize’s Left Knee Substantial Impairments

Jamize suffers from left knee substantial impairments, including an MCL tear. First, on October 27, 2013, he “hit in the L. knee on an onside kick int he [*sic*] 4th quarter and had some mild pain and limped”. Exhibit 19. Then, on August 18, 2016, “[h]e was hit in the L. Knee while being tackled after receiving a pass.” *Id.* He had a “Left Knee Medial Collateral Ligament Tear”, and his knee had “laxity w/ valgus stress”. *Id.* An MRI the next day also showed a “[m]edial meniscal tear” and “high-grade patellofemoral chondrosis”. Exhibit 20. Jamize then injured his left leg three more times in fall 2017. Exhibit 19; *see* Exhibit 4. On December 3, 2017, “Jamize suffered a valgus-type injury [] while participating and playing in the game, in which he suffered a valgus injury to his left knee with the knee flexed approximately 30 degrees, an ankle eversion and external rotation injury. [He had] pain in the medial aspect of his left knee, the primarily lateral aspect of his left ankle and his midfoot. He [was] limping when he [was] walking.” Exhibit 19. A December 4, 2017 left knee MRI showed a “full-thickness cartilage loss [...] progressed compared to the prior exam”, “[f]ull-thickness chondral fissuring”, “osteophytes”, and an MCL injury. Exhibit 21.

On January 19, 2021, Dr. James Montgomery found that Jamize is “**disabled secondary to his osteoarthritis**”. Exhibit 22 (emphasis added). He has “degenerative disease in both knees” and “severe patellofemoral chondromalacia”. *Id.* Due to his substantial impairments, Jamize can only “[s]tand and/or walk (with normal breaks)” for “less than 2 hours” in an 8-hour day. Exhibit 23; Exhibit 22. In addition, he “must periodically alternate sitting and standing to relieve pain or discomfort.” *Id.* He has trouble “stooping, kneeling”, “crouch[ing]”, and “[c]rawling”, and he

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“avoid[s] squatting whenever possible”. Exhibit 23; Exhibit 1; Exhibit 22; Exhibit 24. Jamize also struggles with going up and down stairs, weight bearing, and running/jumping. Exhibit 24.

C. Jamize’s Painful Spine Substantial Impairments, Including Recorded Stingers

Jamize suffered spine injuries from football, including stinger after stinger, resulting in substantial impairments. The below table summarizes his injuries:

Date of Medical Record	Description
12/4/12	“Bulging disc LD high school”
9/9/15	“Left Lumbar Muscle Spasm”: “The athlete reported doing squats and clean pulls in the weight room yesterday, and that is why he thinks his back is sore.”
10/27/15	“Right Lumbar Muscle Spasm”: “The athlete was squatting and when he reached the bottom position he felt a “crunch” and then pain in his lower back.” “He has point tenderness over his R paraspinals [...] He has limited trunk flexion ROM due to pain and due to hamstring tightness. His extension ROM also seems limited and he has c/o pain in that direction as well. [...] he has pain with R rotation as well.”
11/21/16	“Left Neck Brachial Plexus Stretch” “He made contact with his head and felt the stinger while blocking.
11/28/16	“[H]e suffered a stinger in the game two weeks ago. He now reports some weakness when doing lat pulldowns with his left shoulder.” “Reported stinger episode with weakness to his latissimus dorsi doing lat pulldowns.”
12/9/16	Cervical Spine MRI: “C5: [...] right paracentral disc protrusion”, “degenerative disc disease”
12/9/16	“[H]e had a stinger with some residual sensory loss in his thumb and his forearm area.” “[H]e still has some numbness in the C6 dermatomal region.” “Recurrent stingers with some decreased sensation around the C6 nerve root.”
1/8/17	“L stinger 6 total (10 career)”. “Numbness in my shoulder/arm, lack of strength (left side)”
5/8/18	Chiropractic treatment, lumbar spine
5/15/18	Chiropractic treatment, cervical/thoracic/lumbar spine
8/15/18	“[R]ight-sided stinger”: “he has had a history of stingers on the left side in the past [...] he initially was complaining its of sensation loss and tingling in his right upper extremity all the way to his hand [...] weakness in active triceps extension on the right side compared to the left side”.
8/16/18	Chiropractic treatment, cervical/thoracic spine
10/7/18	“[L]eft-sided upper thoracic compression injury
6/10/19	“Neck pain worse with physical activity”
1/13/19	“C-Spine BP Stretch”
7/26/19	“C-Spine BP Stretch”



Exhibits 25-26.

Today, Jamize suffers from “degenerative disc disease” in his neck and back, a lumbar spine “disc bulge” and “annular fissure at L5-S1 and facet changes at L4-L5 and L5-S1”. Exhibit 27; Exhibit 22; Exhibit 28. He has noticed “paresthesias in his feet” and has “midline pain noted in the cervical spine” as well. Exhibit 28. Moreover, Jamize has “pain in [his] lower back [...] when [he has] to stand or walk for longer than 15 minutes” and “decreased tolerance to prolonged standing or walking”. Exhibit 1; Exhibit 28. “Even sitting down in a chair can become very uncomfortable after many minutes and [he] will seek a place to recline in or lay down. The pain [he] get[s] in [his] low back makes it very difficult to sleep on [his] stomach”. *Id.*

D. Jamize’s Bilateral Shoulder Substantial Impairments

Jamize has bilateral shoulder substantial impairments. During college in August 2011, he sprained his right AC joint. Exhibit 29; see Exhibit 4; Exhibit 25. Then, on September 10, 2014, he “reported to the training room after practice with c/o posterior R shoulder pain. His pain [was] over his R rhomboids and levator. He said that he lowered his shoulder to hit someone [the previous day] in practice and that is when his pain began. He describes it as an aching pain, and he feels it when he raises his arm. [...] He is point tender over the insertion of his levator scapula. He has full ROM for in all planes except for IR on the R which is limited compared to the L shoulder. He has 4/5 strength for flexion, abduction, and ER on the R which seems to be due to pain. He has pain with empty can, O’Brians, and Hawkins impingement test”. Exhibit 29.

About a month later, on October 12, 2014, Jamize “stretched out his arm to make a tackle and felt pain in his shoulder. He continued to play the game and noticed that his soreness gradually increased. He finished the game and had difficulty sleeping that evening. [That] morning he ha[d] limited AROM in flexion, abd and ext. rot. Ant. shoulder point tenderness present.” *Id.* He also had

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“weakness in the right upper extremity”, “limited ROM and strength due to pain”, “pain even with PROM”, and “inflammation”. *Id.* Testing showed “**Marked weakness to supraspinatus isolation strength testing** and difficulty raising his arm over his head. 2+ Neer and 2+ Hawkin’s tests. 1+ Speeds test.” *Id.* (emphasis added). Jamize received treatment into mid-December 2019 for this injury, “Right Shoulder Rotator Cuff Tendinitis/Acute”, including three recorded injections. *Id.*

Jamize also has left shoulder substantial impairments. As described above, he suffered repeated stingers, including a stinger reported on November 28, 2016 that caused “weakness when doing lat pulldowns with his left shoulder.” Exhibit 3. After that, on December 8, 2016, he suffered another “stinger with some residual sensory loss in his thumb and his forearm area.” Exhibit 25. Jamize had a cervical spine MRI, which showed a “C5 [...] right paracentral disc protrusion”. Exhibit 26. Dr. Warren King said that Jamize was dealing with “[r]ecurrent stingers with some decreased sensation around the C6 nerve root.” Exhibit 25. As of 2017, he suffered at least “6 total [stingers] (10 career)” and had “numbness in [his] shoulder/arm, lack of strength (left side)”. *Id.* Moreover, he had “tender” AC and SC joints on October 7, 2018 after suffering an “Upper Back Strain” in practice. *Id.*

Today, Jamize has “degenerative disease in [...] [his] shoulders”. Exhibit 22. He has “LIMITED” ability to “[r]each[] all directions (including overhead)” with “pain in his shoulder”. Exhibit 23; Exhibit 2.

E. Jamize’s Bilateral Ankles, Bilateral Feet, and Right Hand Substantial Impairments

Jamize has bilateral ankle substantial impairments, including DJD and bilateral posterior tibial tendon injuries. He injured his left “anterior tibiofibular ligament” and “anterior talofibular ligament” on September 23, 2013 during a game against the Broncos. Exhibit 30. Then he suffered

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another ankle injury on October 22, 2015. *Id.* By November 17, 2016, Jamize had developed “[p]osterior tibial tendonitis”, requiring “daily treatment regimens”. *Id.* (emphasis added). Two days later, he had a lidocaine “injection of his posterior tibialis tendon” leading to “numbness on the plantar aspect of his foot”, which Dr. Warren King said “would preclude him being able to participate as a running back during a game”. *Id.* As a result, Jamize did not receive further injections. *See id.* He did, unfortunately, have more ankle injuries.

As previously discussed, on December 3, 2017, Jamize “suffered a valgus-type injury [] while participating and playing in the game, in which he suffered a valgus injury to his left knee with the knee flexed approximately 30 degrees, an ankle eversion and external rotation injury. [He had] pain in the medial aspect of his left knee, the primarily lateral aspect of his left ankle and his midfoot. He [was] limping when he [was] walking.” Exhibit 19. A left ankle MRI the next day showed a “full-thickness defect/tear through the anterior distal tibiofibular syndesmotc ligament”, a “Grade 2 sprain of the anterior talofibular ligament”, a “Grade 2 strain at the myotendinous junction of the extensor digitorum longus”, and a “grade 2 sprain of the deep fibers the deltoid ligament [*sic*]”. Exhibit 31 (emphasis added). On December 11, 2017, he continued to have “tenderness” and “pain” with ankle inversion, eversion, dorsiflexion, and plantar flexion. Exhibit 30. By March 2018, Jamize had developed degenerative changes in his left ankle. Exhibit 29. He had another left ankle injury to his anterior talofibular ligament in May 2018. Exhibit 30. Jamize now has “Left Ankle DJD”. Exhibit 25 (emphasis added).

In addition, Jamize has right ankle substantial impairments. He suffered an “inversion-type of [high ankle] injury while running” in a September 13, 2015 game, and he suffered a “posterior tibialis tendon tear” during an October 30, 2016 game on when he was “engaged with another opposing player, being pushed backwards or bull-rushed”. Exhibit 32 (emphasis added). An MRI

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the next day showed the “tear”, as well as ““spurring in the ankle [...] consistent with his history of recurrent ankle sprains”. *Id.*

Moreover, Jamize has bilateral foot substantial impairments. He deals with bilateral degenerative changes and left foot “turf toe”. Exhibit 3; Exhibit 34. In addition, he suffered from bilateral foot injuries from football, including the left midfoot, ankle, and knee injury on December 3, 2017 described above. Exhibit 34; Exhibit 19. MRIs taken the day after the injury showed “arthrosis of the great toe MTP joint” and “cartilage loss along the great toe MTP joint with small osteophytes”. Exhibit 31. Further, he had a “Right Foot Arch Sprain/Traumatic/Plantar Fascial” on August 5, 2015 resulting in a “torn muscle in foot”. Exhibit 34; Exhibit 4.

Today, Jamize has “degenerative disease in [...] both ankles. Exhibit 22. He suffers “pain [...] on the soles of [his] feet when [he has] to stand or walk for longer that 15 minutes. [His] ankles and calves hurt when [he] walk[s] or tr[ies] to run”. Exhibit 1; Exhibit 28. He also has noticed “paresthesias in his feet”. Exhibit 28.

Further, Jamize suffers from right hand substantial impairments. During the game on December 3, 2017 during which he had a left knee, ankle, and foot injury, he also dealt with a “gamekeepers thumb”, with noted “ligament laxity in collaterals at MCP”. Exhibit 19; Exhibit 35. A December 4, 2017 MRI showed “Grade 2 sprains of the ulnar and radial collateral ligaments as well as a possible grade 2 sprain of the thumb metacarpal capsular origin of the volar plate.” Exhibit 36.

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MOREOVER, MR. JAMIZE OLAWALE QUALIFIES FOR LOD BENEFITS BECAUSE HIS PHYSICAL IMPAIRMENTS DEMONSTRATE AT LEAST 9 POINTS ARISING OUT OF LEAGUE FOOTBALL ACTIVITIES

Summary of Physical Impairment(s)	Page(s)
Right Ankle: “posterior tibialis tendon tear”	14
Left Ankle: “posterior tibialis tendonitis”	15
Right Shoulder: “Marked weakness to supraspinatus”	16
Right Shoulder: “inflammation”, “tender”	17
Left Shoulder: “tender”	18
Left Shoulder: “weakness”, “lack of strength”	19
Left Ankle: “tear through the anterior distal tibiofibular syndesmotomic ligament”	20
Left Knee: “laxity”, “Knee Medial Collateral Ligament Tear”	21
Left Ankle: “DJD”	22
Left Foot: “arthrosis of the great toe MTP joint”	23
Right Hand: “ligametrn [sic] laxity in collaterals at MCP”, “gamekeeper’s thumb”	24
Spine: spine impairments from league football activities	25

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RIGHT ANKLE

<u>Ankle Impairment</u>	<u>Point Value</u>
Posterior Tibial Tendon Insufficiency	3

posterior tibialis tendon **tear**

EXHIBIT 32

ASSESSMENT: Strain, partial tear and inflammation in posterior tibialis tendon.

EXHIBIT 32

Right Ankle Posterior Tibialis Strain

EXHIBIT 32

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LEFT ANKLE

<u>Ankle Impairment</u>	<u>Point Value</u>
Posterior Tibial Tendon Insufficiency	3

Posterior tibial tendonitis.

EXHIBIT 30

ASSESSMENT: Left ankle midfoot strain with left ankle inversion sprain.

EXHIBIT 30

Left ankle sprain

EXHIBIT 30

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RIGHT SHOULDER

<u>Shoulder Impairment</u>	<u>Point Value</u>
Symptomatic Rotator Cuff Tendon Tear	2

Marked weakness to supraspinatus

EXHIBIT 29

CHIEF COMPLAINT: Right shoulder.

HISTORY: The player states that yesterday during the game he did an arm tackle with the right arm and has had pain and weakness in the right upper extremity since then. His past medical history is otherwise unremarkable with the exception of a right AC sprain in the past.

EXAMINATION: Right shoulder: Marked weakness to supraspinatus isolation strength testing and difficulty raising his arm over his head. 2+ Neer and 2+ Hawkin's tests. 1+ Speeds test. Neurovascular status is normal.

ASSESSMENT: Right shoulder rotator cuff strain, possible tear.

EXHIBIT 29

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RIGHT SHOULDER

<u>Shoulder Impairment</u>	<u>Point Value</u>
Symptomatic Acromioclavicular Joint Inflammation	2

inflammation

EXHIBIT 29

tender

EXHIBIT 29

Both AC

EXHIBIT 25

limited ROM and strength due to pain. He has pain even with PROM

EXHIBIT 29

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LEFT SHOULDER

<u>Shoulder Impairment</u>	<u>Point Value</u>
Symptomatic Acromioclavicular Joint Inflammation	2

tender.

EXHIBIT 25

Both AC

EXHIBIT 25

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LEFT SHOULDER

<u>Shoulder Impairment</u>	<u>Point Value</u>
Symptomatic Rotator Cuff Tendon Tear	2

weakness.

EXHIBIT 3

HISTORY: The player states he suffered a stinger in the game two weeks ago. He now reports some weakness when doing lat pulldowns with his left shoulder.

PHYSICAL EXAMINATION: He has full range of motion of his neck without tenderness. His motor examination reveal 5/5 strength to the rotator cuff and deltoid area. There is no evidence of atrophy. His neurovascular status is normal.

ASSESSMENT: Reported stinger episode with weakness to his latissimus dorsi doing lat pulldowns. No evidence of obvious atrophy or sensory deficits.

EXHIBIT 3; see EXHIBIT 25

Numbness in my shoulder/arm, lack of strength (left side)

EXHIBIT 25

INJURED during the season? [] YES [] NO
 ails:

② Stage
 6th Grade (10 career)

One weak

EXHIBIT 25

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LEFT ANKLE

<u>Ankle Impairment</u>	<u>Point Value</u>
Tibialis Anterior Tendon Insufficiency	3

tear

EXHIBIT 31

1. Full-thickness defect/tear through the anterior distal tibiofibular syndesmotc ligament with surrounding edema and soft tissue swelling as well as edema within the soft tissues about the distal tibiofibular syndesmotc membrane.

2. Grade 2 sprain of the anterior talofibular ligament.

EXHIBIT 31

grade 2 sprain of the anterior tibiofibular ligament.

EXHIBIT 30

acute on chronic sprain of the ATF grade II

EXHIBIT 30

Left ankle sprain

EXHIBIT 30

ASSESSMENT: Left ankle midfoot strain with left ankle inversion sprain.

EXHIBIT 30

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LEFT KNEE

<u>Knee Impairment</u>	<u>Point Value</u>
Symptomatic MCL Tear with Moderate Or Greater Instability	2

laxity

EXHIBIT 19

Left Knee Medial Collateral Ligament Tear

EXHIBIT 19

	Knee
	Effusion
	ROM
	PF Crepitus
	PF Alignment
	Valgus 0°
	Valgus 30°

ACL-BTB/HS/ALLO
☒ MCL
☐ PCL
☐ PF-Inst. / DJD
☐ Loose Body
☐ Meniscus

EXHIBIT 29

Left Knee MCL

EXHIBIT 25; EXHIBIT 19

Grade 1 sprain of the medial collateral ligament.

EXHIBIT 21

		KNEES			
Strained	<input checked="" type="radio"/> Left or <input type="radio"/> Right	Sprain Ligament	<input type="radio"/> Left or <input type="radio"/> Right	Torn Ligaments	<input type="radio"/> Left or <input type="radio"/> Right
Torn Cartilage	<input type="radio"/> Left or <input type="radio"/> Right	Knee Cap Injury	<input type="radio"/> Left or <input type="radio"/> Right	Fractures	<input type="radio"/> Left or <input type="radio"/> Right
Operations	<input type="radio"/> Left or <input type="radio"/> Right	Injections	<input type="radio"/> Left or <input type="radio"/> Right	Pains	<input type="radio"/> Left or <input type="radio"/> Right
Dislocations	<input type="radio"/> Left or <input type="radio"/> Right	Missed Practice	<input type="radio"/> Left or <input type="radio"/> Right	Missed Games	<input type="radio"/> Left or <input type="radio"/> Right
Bruise	<input type="radio"/> Left or <input type="radio"/> Right	Bursitis	<input type="radio"/> Left or <input type="radio"/> Right	Swelling	<input type="radio"/> Left or <input type="radio"/> Right
Locking	<input type="radio"/> Left or <input type="radio"/> Right	Giving Away	<input type="radio"/> Left or <input type="radio"/> Right	Arthroscopies	<input type="radio"/> Left or <input type="radio"/> Right
Wear Braces	<input type="radio"/> Left or <input type="radio"/> Right	Casted	<input type="radio"/> Left or <input type="radio"/> Right	Arthritis	<input type="radio"/> Left or <input type="radio"/> Right
Chondromalacia	<input type="radio"/> Left or <input type="radio"/> Right	Grinding	<input type="radio"/> Left or <input type="radio"/> Right	Other	<input type="radio"/> Left or <input type="radio"/> Right
EXPLAIN: <u>Sprained MCL last week; I missed no</u>					

EXHIBIT 4

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LEFT ANKLE

<u>Ankle Impairment</u>	<u>Point Value</u>
Degenerative Joint Disease - Moderate Or Greater (i.e., significant loss of joint space as confirmed by clinical examination and x-ray)	3

Left Ankle DJD

EXHIBIT 19

Left Ankle DJD

EXHIBIT 25



EXHIBIT 29

<u>ANKLES</u>					
Sprains	<u>Left</u> or Right	Strain	Left or Right	Fractures	Left or Right
Dislocations	Left or Right	Operations	Left or Right	Injections	Left or Right
Casted / Splinted	Left or Right	Pain	Left or Right	Missed Practice	Left or Right
Missed Games	Left or Right	Bruise	Left or Right	Other	Left or Right

EXPLAIN: ☐ None Of These Apply

Sprained Ankle on the same
play as my MCL sprain; Missed

EXHIBIT 4

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LEFT FOOT

<u>Foot Impairment</u>	<u>Point Value</u>
Hallux Rigidus - Moderate Or Greater (i.e., significant loss of joint space as confirmed by clinical examination and x-ray)	1

Mild to moderate arthrosis of the great toe MTP joint

EXHIBIT 31

alg - 8^s

EXHIBIT 34

Left Great Toe

EXHIBIT 25; EXHIBIT 19

CHIEF COMPLAINT: Left foot pain.

HISTORY: The player comes in stating he had some pain over the medial aspect of his left foot following the game. He does not remember any specific injury.

EXHIBIT 34

Left Foot Contusion

EXHIBIT 34

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RIGHT HAND

<u>Hand Impairment</u>	<u>Point Value</u>
Mediolateral Ligamentous Instability - Moderate Or Greater (i.e., instability that significantly impairs the Player's ability to perform normal activities of daily living (bathing, grooming, dressing, driving, etc.))	1

ligament laxity in collaterals at MCP. Appears to be a gamekeepers thumb.

EXHIBIT 35

gamekeeper's thumb injury.

EXHIBIT 19

1. Grade 2 sprains of the ulnar and radial collateral ligaments as well as a possible grade 2 sprain of the thumb metacarpal capsular origin of the volar plate.

EXHIBIT 36

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CERVICAL SPINE

<u>Cervical Spine Impairment</u>	<u>Point Value</u>

C4-C5: Small diffuse right paracentral disc protrusion, slightly indenting the anterior thecal sac, resulting in mild right-sided

EXHIBIT 26

IMPRESSION:

Minimal to mild degenerative disc disease in the cervical spine, particularly at C4-5, resulting in mild right-sided neural foraminal narrowing at C4-5 and mild left-sided neural foraminal narrowing at C5-6.

EXHIBIT 26

Numbness in my shoulder / Arm, lack of strength (left side)

EXHIBIT 25

Interfered during the season? [] YES [] NO
 Ails:

② Stage
 6th Grade
 (10 career)

One weak

EXHIBIT 25

right-sided stinger

EXHIBIT 25

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The Committee should reasonably deem Jamize T & P disabled because the cumulative impact of football on his body, brain, and mind has resulted in a destruction of his overall health such that he is substantially unable and substantially prevented from engaging in any considerable occupation. Moreover, Jamize qualifies for LOD benefits because his physical impairments demonstrate at least 9 points arising out of league football activities. Thus, respectfully, the Committee should prudently determine that Mr. Jamize Olawale is entitled to his collectively bargained for T & P, LOD, and NC benefits.

Sincerely,

Samuel Katz, Esq.
Managing Partner
Athlaw LLP

ATHLAW LLP

Jamize Olawale

List of Submitted Supporting Exhibits

EXHIBIT	DOCUMENT NAME
1	Declaration of Jamize Olawale
2	Declaration of Brittany Olawale
3	Concussions and Head Trauma Medical Records
4	Dallas Cowboys Football Club Health History Questionnaire dated 3/27/18
5	Dr. Thomas Hardy Neuropsychological Consultation Report dated 10/9/17
6	NFL Concussion Assessment dated 10/8/17
7	Dr. Thomas Hardy Neuropsychological Consultation Report dated 10/13/17
8	Concussion Assessment dated 6/10/19
9	Dr. Alan Martin Report dated 1/3/20
10	Dr. Alan Martin Report dated 2/6/20
11	Dr. Erin Reynolds Report dated 2/11/20
12	Physical Therapy Office Visit Note dated 2/19/20
13	Physical Therapy Office Visit Note dated 2/26/20
14	Dr. Erin Reynolds Report dated 4/29/20
15	Dr. Erin Reynolds Report dated 3/20/20
16	Concussion Assessment dated 7/28/20
17	Dr. Alan Martin Report dated 9/25/20
18	Kane Hall Barry Neurology Office Visit Note dated 1/22/21
19	Left Knee Medical Records
20	Left Knee MRI dated 8/19/16
21	Left Knee MRI dated 12/4/17
22	Dr. James Montgomery Note dated 1/19/21
23	Physical Residual Functional Capacity Assessment dated 1/14/21
24	Dr. James Montgomery Patient Report dated 1/7/21
25	Spine and Left Shoulder Medical Records
26	EMR 389-390 Cervical Spine MRI dated 12/9/16
27	Lumbar Spine MRI dated 1/20/21
28	Dr. Marvin Van Hal Notes dated 1/11/21 & 1/28/21

JO-00657

ATHLAW LLP

EXHIBIT	DOCUMENT NAME
29	Right Shoulder Medical Records
30	Left Ankle Medical Records
31	Left Ankle MRI dated 12/4/17
32	Right Ankle Medical Records
33	Right Ankle MRI dated 10/31/16
34	Bilateral Feet Medical Records
35	Right Hand Medical Record dated 12/3/17
36	Right Hand MRI dated 12/4/17

JO-00658

Personal Statement

My name is Jamize Robert Olawale and I feel it is important for me to explain in greater detail some of the physical and mental issues I have been dealing with after having played 8 years in the NFL. It is my hope that by reading this explanation, people will be able to understand the issues I face on a day to day basis- issues that have only gotten worse.

Of all the physical beating my body has taken over the course of my football career, the issues I deal with mentally are my greatest concern. I'll begin with my memory issues.

I began noticing I had more serious issues remembering things a few years ago, probably around 2015. I (ironically) remember one instance in which I was trying to recall the team we had played the week before. It was in the middle of the following week and we were preparing for our upcoming opponent so I know that not even 7 days had passed since we played this last opponent that I was trying to recall. For some reason I just could not jog my memory. This issue began to trouble and upset me and I determined in my heart to figure out who it was that we played roughly 5 days prior without checking our schedule or looking on the internet. Up until this point in my life, like anyone else, I had on occasion forgotten something from the past but unlike this situation I would always be able to recall what it was that I was trying to remember after a few seconds of thought. On this particular day I spent well over 10 minutes diligently trying to comb my memory bank to remember the team we had just played! Again, I could have easily checked the schedule but for some reason I was determined to remember this fact on my own. After about 10 minutes or so of trying to recall this team, I remember something purple catching my attention (perhaps a towel or something else around me at the time). This color jogged my memory enough for me to remember the color uniform of the team we had just played. It was the Minnesota Vikings! I was relieved to have finally remembered but I thought it was very strange that it took that long for me to be able to recall something as significant as an opponent I had just spent the previous week preparing for and playing.

Since that day, my memory has only gotten worse. I now have trouble remembering what I was talking or thinking about if I am interrupted in the middle of what I am doing. A recent example of this: I was looking through my phone for a group text I had with my wife's employee and my wife (she owns a preschool), I forget the specific reason but I know it was for something very important. I had just opened my phone and clicked on the "messages" app when one of my children (I have three, but I forget which one asked me the question) asked me a simple question. I remember it was a simple question because it only required me to take my eyes off my phone very briefly (as if to answer "yes" or "no"). When I returned to my phone probably literally a second to a second and a half later, I had no idea what it was I was trying to do. Nevermind forgetting who I was trying to look for, I could not even remember why I had opened my phone in the first place, but I could not shake the feeling that it was for something very important. I spent the next 20 minutes or so frustratingly trying to remember what I

needed to do that was so important. Eventually, this particular employee texted in a group chat and it was enough for me to remember who it was I was trying to speak to. Even with being able to remember that, I still wasn't able to remember the reason I needed to speak with them and to this day I don't know if that affected my wife's business or not. Thankfully, my wife is handling the operations of her school so I know that she'll remember and get it done.

These are just a couple examples of the issues I have recalling things I am doing or saying/thinking. I also have issues losing my train of thought when reading or watching tv. An example of this is the fact that every morning I read one chapter of a book in my bible. I would estimate that it takes me 3-4 minutes longer to read that single chapter (sometimes only a few verses long) than it would a normal adult my age. The reason for this is because not only do I get easily distracted when reading (not just with reading my bible, with anything) but when I am able to divert my attention back to what I am reading I find myself having to repeat the last sentence I just read many times over just to remember where I was in the book. This is a weird phenomenon that I have only recently (within the past couple of years) noticed I have been doing. I never used to have this problem. Similarly, while watching tv if someone asks me a question or if I get distracted in anyway, often times I will have to refocus and mentally go back a few minutes of the show in order to be able to continue following along in the show or movie. This obviously makes it difficult to watch or read anything in a place that isn't completely quiet and without distractions. I have many more examples of how my memory has been affected.

In addition to my memory issues, and probably connected to them, I also have frequent but random headaches. I normally notice them first thing in the morning, but there are times when I won't notice it until the afternoon. Every now and then I will get a bad headache in which I would either want to or actually will take medication to calm it down, otherwise I try my hardest not to use any medication for fear of developing a dependency on them or for any other long term side effects they could have on my body.

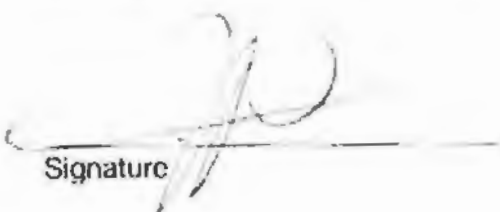
Also connected to these headaches I notice that I am very irritable, I get angry a lot and often times I blow up for seemingly insignificant reasons. It saddens me that my wife and my children have to walk on eggshells around me knowing that I may blow up for something as simple as spilling water on the floor or interrupting me while doing something. I feel they are connected to the headaches because I noticed they both started around the same time. I notice that I am unhappy and down a lot (which may also explain why I am irritable towards my family). I would not classify it as depression, although I am not a psychologist, but I do notice that often times I am unhappy for no reason at all. I have a blessed life and I am grateful to the Lord for all that he has blessed me with, which is why it perplexes me that I would have any sign of unhappiness. When I am unhappy I usually also get more aggressive.

Lastly, as it relates to the mental issues, I have noticed that my speech has been affected. I've noticed I struggle saying some words and that at various times throughout

a conversation I will stumble over some words. For this reason I try not to have long conversations with people because I am very subconscious about this issue. I have noticed many times while talking that I will try to say two words at once. This of course will cause me to stumble over those words and I always have to regroup and repeat whatever it was that I was trying to communicate. People have also told me that it is difficult to understand me when I talk because I mumble.

In addition to the issues I deal with mentally, I also deal with things physically. I have pain in my lower back and on the soles of my feet when I have to stand or walk for longer than 15 minutes. My ankles and calves hurt when I walk or try to run and because of the pain I have in my knees, I avoid squatting whenever possible. Even sitting down in a chair can become very uncomfortable after many minutes and I will seek a place to recline in or lay down. The pain I get in my low back makes it very difficult to sleep on my stomach, so I spend most of the night sleeping on my right or left side.

Like my mental issues, these problems have only gotten worse over the course of my career and it is troubling to think about how bad they can be years from now if they continue to get worse.



Signature

Date

1/26/2021

Statement of Brittany Olawale

My name is [REDACTED] and I am Jamize's wife. I wanted to give some details about the mental and physical issues Jamize has been facing.

Mental issues are the most significant. Jamize and I will discuss things about my business and if I interrupt him or talk too long about a subject he forgets what he wants to say. This makes him irritable and he gets frustrated with me or himself because he can't remember what he wanted to say. So I try very hard not to interrupt his thought or talk too much because I know it's difficult for him to process things when I do a lot of talking.

He just wants to be by himself. He will spend time in our theater room, which is dark. I don't think he notices it, but he'll be sitting alone with the lights off. He's not a very vocal person, but his physical actions show that he needs time alone, and this isn't how he was before. He always wanted to be together and do everything together because that's how he was with his dad and brother.

He's aggressive or more assertive sometimes than he used to be. There was a period of time after his 3rd year of playing where we started getting into big ugly arguments (about nothing important or worth arguing over) right before he would leave for camp. It happened every year until I realized what was happening. I try not to trigger Jamize with my own stress.

I talk really fast, and sometimes he has trouble understanding me. We have a hard time communicating because of this. Jamize doesn't like to go out with friends or place where he doesn't know people. He gets frustrated easily by things not worth being frustrated about and agitated whenever he gets a headache. He has a really bad headache about once a month. He has headaches that are less bad at least once a week.

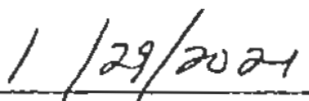
He has confusion with complex conversations. He loves talking about business and learning about business strategies but can't keep up with the details of things like he used to. He needs to go at his own pace.

I notice that sometimes he has a limp when he walks. It makes me worried what life will be like for him when he's older. He's complained of pain in his shoulder and back. He says his knees hurt whether he lifts a lot or a little. When he tries to run he complains of pain in his feet and hamstrings. He can't do what he used to without pain.

I'm worried about our future, and I see that Jamize is concerned about that too. I work as a realtor and I just opened a preschool. I know that I will need to be the sole provider for our family and our children because Jamize isn't able to work. He's sacrificed so much of himself without complaining. I believe it's my turn to carry that weight.



Signature



Date

JO-00662

Diagnostic Imaging Studies

JO-00663



Baylor Diagnostic Center at Junius
3900 Junius Street, Suite 100
Dallas, TX 75246
Phone #: (972)560-9000
Fax: (214)989-6684

Name:	JAMIZE OLAWALE	Exam Date:	1/20/2021 10:57 AM
Patient ID:	9911883717	Exam Name:	MRI Lumbar Spine Without Contrast I
Age:	31Y 9M		72148
DOB:	[REDACTED]	Reason::	
Acc #:	13533893	Referrer:	MARVIN VAN HAL, MD
		2nd Referrer:	

MRI LUMBAR SPINE WITHOUT CONTRAST: 1/20/2021 10:10 AM CST

CLINICAL HISTORY: 31 years of age, Male, evaluation of low back pain which has been intermittent over the last 8 years. Patient plays football professionally.

COMPARISON: None.

PROCEDURE COMMENTS: MRI of the lumbar spine was performed without IV contrast.

FINDINGS:

Alignment: Normal. Preserved lumbar lordosis.

Bone marrow: T2/STIR edema related signal along the inferior endplate of the L5 vertebral body.

Vertebrae: Vertebral body height is maintained. Bilateral pars defects of L5.

L1-L2: No significant spinal canal or neural foraminal stenosis.

L2-L3: No significant spinal canal or neural foraminal stenosis.

L3-L4: Minimal facet arthropathy without significant spinal canal or neural foraminal stenosis.

L4-L5: Moderate left and mild right facet arthropathy with minimal encroachment on the LEFT subarticular recess. No significant spinal canal or neural foraminal stenosis.

L5-S1: Mild disc desiccation with disc bulge with right subarticular annular fissure and mild facet arthropathy. No significant spinal canal or neural foraminal stenosis.

Distal cord and conus: Normal.

Cauda equina and nerve roots: Normal.

Extra-vertebral soft tissues: Normal.

Visualized abdomen/pelvis: No visible abnormality.

Additional comment: None.

JO-00664

IMPRESSION:

1. Degenerative disc disease at the level of L5-S1 with reactive discogenic edema of the L5 inferior endplate.
2. Bilateral L5 pars defects.
3. No significant spinal canal or neuroforaminal stenosis.

This study was interpreted by a board-certified, fellowship-trained neuroradiologist.

Physician/Physician offices only: We appreciate the opportunity to participate in the care of your patient. If you are a physician and have questions about this report or would like a consultation with a subspecialized radiologist, please call the American Radiology consultation hotline, at 214-841-3010 for prompt service. Patients should contact the referring physician that ordered their exam for clarification or questions concerning their report.

This preliminary report was dictated at 75246_ADV3 and electronically signed by Clayton Douglas, M.D. on 1/20/2021 11:58 AM CST.

By electronically signing this report, I, the responsible physician, attest that I have personally reviewed the images/data for the above examination(s) and I agree with or have edited the final report.

This report was dictated at 75246_ADV3 and electronically signed by Josh Thatcher M.D. on 1/20/2021 12:07 PM CST.

Dr. Josh Thatcher M.D. is affiliated with American Radiology Associates.

Report Electronically Signed by: JOSH THATCHER
Report Electronically Signed on: 1/20/2021 12:07 PM

Patient Name: JAMIZE OLAWALE	Exam: MRI Lumbar Spine Without Contrast
Patient ID: 9911883717	I 72148
Completed Date: 1/20/2021 10:57 AM	Acc #: 13533893
Transcribed By: JOSH THATCHER	Interpreting Rad: JOSH THATCHER
Transcribed Date: 1/20/2021 12:07 PM	Dictated Date: 1/20/2021 12:07 PM
	Finalized Date: 1/20/2021 12:07 PM

JO-00665

Electronically signed by Matthew Epstein on 12/4/2017 2:39 PM

Released by:

Signed by: Epstein, Matthew David, MD

Reading Provider

Reading Physician

Epstein, Matthew David, MD

Read Date

Dec 4, 2017

There are no order-level documents.

Olawale, Jamize

59486501

EMM17003235297

Page 3/3

FINAL REPORT

FINAL REPORT



Diagnostic Imaging Report
Report Printed: 12/4/2017 at 3:06 PM

Eden Medical Center MRI
20103 Lake Chabot Road, Castro Valley, CA 94546
510-727-3226

Patient Name: Olawale, Jamize

DOB: [REDACTED]

MRN: 59486501

Accession No: EMM17003235348

Performing Location: Eden Medical Center MRI

Admitted Location :

Authorizing Provider: King, Warren D

Ordering Provider: King, Warren D

Attending Provider: King, Warren D, MD

PCP: King, Warren D

Date of Service: 12/04/2017

MRI HAND RIGHT WO CONTRAST

EXAMINATION: MRI HAND RIGHT WO CONTRAST.

COMPARISON: None.

HISTORY: Injury.

TECHNIQUE: Using a 3 Tesla magnet, multiple sequences of the hand were obtained.

FINDINGS:

LIGAMENTS: Mild thickening with T2 Intermediate signal within the thumb MCP ulnar collateral ligament which appears discontinuous at its proximal phalangeal insertion, in keeping with a grade 2 sprain/partial tear. There is thinning and irregularity of the thumb MCP radial collateral ligament, in keeping with a grade 2 sprain/partial tear. The thumb metacarpal capsular origin of the volar plate is mildly diminutive and irregular, suggesting a possible grade 2 sprain.

TENDONS: The visualized tendons of the hand are unremarkable.

OSSEOUS STRUCTURES: Small subchondral cysts along the dorsum of the thumb metacarpal head. Cortical irregularity along the dorsum of the second metacarpal head, possibly related old trauma.

MISCELLANEOUS: Edema and swelling within the soft tissues about

Olawale, Jamize

59486501

EMM17003235348

Page 1/2

FINAL REPORT

the thumb MCP joint. Mild edema within the metacarpal insertion of the opponens pollicis muscle as well which may represent a mild strain. The visualized intrinsic muscles of the hand are otherwise of normal bulk and signal. No significant joint effusion.

IMPRESSION:

1. Grade 2 sprains of the ulnar and radial collateral ligaments as well as a possible grade 2 sprain of the thumb metacarpal capsular origin of the volar plate.
2. Edema and swelling within the soft tissues about the thumb MCP joint. Mild edema within the metacarpal insertion of the opponens pollicis muscle as well which may represent a mild strain.
3. Small subchondral cysts along the dorsum of the thumb metacarpal head.
4. Cortical irregularity along the dorsum of the second metacarpal head, possibly related old trauma.

Above findings were conveyed by Dr. Epstein to Dr. King at 2:23 PM on 12/4/2017.

ME:mh

Electronically signed by Matthew Epstein on 12/4/2017 2:39 PM

Released by:

Signed by: Epstein, Matthew David, MD

Reading Provider

Reading Physician
Epstein, Matthew David, MD

Read Date
Dec 4, 2017

There are no order-level documents.

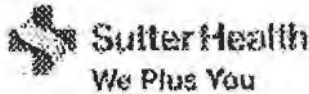
Olawale, Jamize
FINAL REPORT

59486501

EMM17003235348

Page 2/2

FINAL REPORT



Diagnostic Imaging Report
Report Printed 12/4/2017 at 3:07 PM

Eden Medical Center MRI
20103 Lake Chabot Road, Castro Valley, CA 94516
510-727-3226

Patient Name: Olawale, Jamize
DOB: [REDACTED]
MRN: 59486501
Accession No: EMM17003235297
Performing Location: Eden Medical Center MRI
Admitted Location :

Authorizing Provider: King, Warren D
Ordering Provider: King, Warren D
Attending Provider: King, Warren D, MD
PCP: King, Warren D

Date of Service: 12/04/2017

MRI KNEE LEFT WO CONTRAST

EXAMINATION: MRI KNEE LEFT WO CONTRAST.

COMPARISON: MRI dated 8/19/2016.

CLINICAL HISTORY: Pain.

TECHNIQUE: Using a 3 Tesla magnet, multiple sequences of the knee were obtained.

FINDINGS:

MENISCI

Medial Meniscus: Medial meniscus is intact.

Lateral Meniscus: Lateral meniscus is intact.

LIGAMENTS

Cruciate Ligaments: The anterior and posterior cruciate ligaments are intact.

Medial Collateral Ligament: Increased T2 signal about the medial collateral ligament suggesting a grade 1 sprain.

Lateral Collateral Ligament Complex: The lateral collateral ligament complex is intact.

EXTENSOR MECHANISM: Tendinosis of the distal quadriceps tendon.

Olawale, Jamize

59486501

EMM17003235297

Page 1/3

FINAL REPORT

Tibial tuberosity hypertrophy with an adjacent bulky ossification along the inferior patellar tendon with mild tendinosis, likely sequela of chronic Osgood-Schlatter's disease, as before. There is mild edema within quadriceps fat pad and within superolateral Hoffa's fat pad.

RETINACULA: The medial and lateral patellofemoral retinacula are intact.

OSSEOUS AND CARTILAGINOUS STRUCTURES:

Patellofemoral Compartment: Mild widening of the tibial tuberosity to trochlear groove distance, measuring 16.5 mm. Patellofemoral osteophytes. Up to full-thickness cartilage loss with subjacent subchondral cysts and reactive marrow edema pattern along the lateral patellar facet, progressed compared to the prior exam. Chondral thinning and full-thickness chondral signal heterogeneity along the medial patellar facet. Full-thickness chondral fissuring and signal heterogeneity along the central aspect of the medial and lateral trochlea as well as along the mid trochlear groove with subjacent subchondral cysts and reactive marrow edema pattern, progressed compared to the prior exam.

Medial Compartment: Small medial compartment osteophytes. Mild reactive marrow edema pattern along the intercondylar notch.

Lateral Compartment: Small lateral compartment osteophytes.

MISCELLANEOUS: Small knee effusion with synovitis.

IMPRESSION:

1. Grade 1 sprain of the medial collateral ligament.
2. Tricompartmental osteophytosis with progression of high-grade patellofemoral chondrosis, as described above. Tendinosis of the distal quadriceps tendon as well as tendinosis of the distal patellar tendon with associated sequela of chronic Osgood-Schlatter's disease, as before. There is also mild widening of the tibial tuberosity to trochlear groove distance, measuring 16.5 mm. Mild edema within quadriceps fat pad and superolateral Hoffa's fat pad. Correlate clinically with a possible patellofemoral tracking disorder.
3. Small knee effusion with synovitis.

Above findings were conveyed by Dr. Epstein to Dr. King at 2:23 PM on 12/4/2017.

ME:rh

Olawale, Jamize

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EMM17003235297

Page 2/3

FINAL REPORT

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Sutter Health
We Plus You

Diagnostic Imaging Report
Report Printed 12/4/2017 at 3:06 PM

Eden Medical Center MRI
20103 Lake Chabot Road, Castro Valley, CA 94546
510-727-3226

Patient Name: Olawale, Jamize

DOB: [REDACTED]

MRN: 59486501

Accession No: EMM17003235298

Performing Location: Eden Medical Center MRI

Admitted Location :

Authorizing Provider: King, Warren D

Ordering Provider: King, Warren D

Attending Provider: King, Warren D, MD

PCP: King, Warren D

Date of Service: 12/04/2017

MRI FOOT LEFT WO CONTRAST

EXAMINATION: MRI ANKLE LEFT WO CONTRAST, MRI FOOT LEFT WO CONTRAST

COMPARISON: 12/4/2017 11:29 AM

MRI ANKLE LEFT WO CONTRAST, MRI FOOT LEFT WO CONTRAST

COMPARISON: None

CLINICAL HISTORY: Injury

TECHNIQUE:

Using a 3 Tesla magnet, multiple sequences of the ankle and foot were obtained.

FINDINGS:

ANKLE:

LIGAMENTS: Edema within the soft tissues about the distal tibiofibular syndesmotic membrane. The posterior distal tibiofibular syndesmotic ligament is intact. There is a full-thickness defect/tear through the anterior distal tibiofibular syndesmotic ligament with surrounding edema and soft tissue swelling. There is marked thickening as well as increased T2 signal within the anterior talofibular ligament with surrounding edema and soft tissue swelling, in keeping with a grade 2 sprain. The posterior talofibular ligament is intact. The

Olawale, Jamize

59486501

EMM17003235298

Page 1/4

FINAL REPORT

visualized calcaneofibular ligament is intact. There is mild thickening and irregularity of the visualized deep fibers the deltoid ligament ingesting age-indeterminate grade 2 sprain. The visualized fibers of the deltoid ligament are intact. The visualized fibers of the spring ligament are intact.

TENDONS: The Achilles tendon is intact. There is flattening and irregularity at the myotendinous junction of the extensor digitorum longus, in keeping with a grade 2 strain. The remainder of the visualized extensor tendons are intact. The peroneal tendons are intact. The flexor tendons are intact.

SINUS TARSI: The sinus tarsi is normal.

PLANTAR FASCIA: The plantar fascia is unremarkable.

OSSEOUS AND CARTILAGINOUS STRUCTURES: Mild subchondral reactive marrow edema pattern within the cuboid at the calcaneocuboid joint.

MISCELLANEOUS: Mild intrasubstance increased T2 signal within the abductor digiti minimi muscle, in keeping with a low-grade grade 2 strain versus nonspecific myositis. The visualized intrinsic muscles of the foot are otherwise of normal bulk and signal. Edema/fluid with soft tissue swelling about the anterolateral ankle and hindfoot. No significant joint effusion.

FOOT:

LIGAMENTS: The Lisfranc ligament is intact. There is mild increased T2 signal about the Lisfranc ligament which may reflect a grade 1 sprain.

TENDONS: The visualized tendons of the foot are intact.

OSSEOUS AND CARTILAGINOUS STRUCTURES: At least partial-thickness cartilage loss along the great toe MTP joint with small osteophytes as well as small subchondral reactive marrow edema pattern along the dorsum of the proximal phalanx. Small subchondral cyst along the medial base of the great toe metatarsal head at its articulation with a bipartite tibial hallux sesamoid. Mild reactive marrow edema pattern within the tibial hallux sesamoid as well. Mild edema about the great toe TMT joint and base of the great toe metatarsal.

MISCELLANEOUS: No significant joint effusion. The visualized intrinsic muscles of the foot are of normal bulk and signal.

IMPRESSION:

Olawale, Jamize

59486501

EMM17003235298

Page 2/4

FINAL REPORT

NFL ALFORD-0009353

FINAL REPORT

Diagnostic Imaging Report
Report Printed: 12/9/2016 at 2:29 PM

Eden Medical Center MRI
20103 Lake Chabot Road, Castro Valley, CA 94546
510-727-3226

Patient Name: Olawale, Jamize

DOB: [REDACTED]

MRN: 59486501

Accession No: EMM16003211803

Performing Location: Eden Medical Center MRI

Admitted Location :

Authorizing Provider: King, Warren D

Ordering Provider: King, Warren D

Attending Provider: King, Warren D, MD

PCP: King, Warren D

Date of Service: 12/09/2016

MRI CERVICAL SPINE WO CONTRAST

MRI of the cervical spine without contrast dated 12/9/2016 11:18 AM

HISTORY: Neck injury.

TECHNIQUE: MRI of the cervical spine was performed on a 3 tesla magnet without contrast using multiplanar multi sequential technique.

COMPARISON: None.

FINDINGS: There is straightening of the normal cervical lordosis. Vertebral body heights and alignment are within normal limits. Bone marrow signal is within normal limits without evidence of suspicious lesions. Cervical spinal cord is normal in signal. Paravertebral soft tissues are unremarkable. There is no evidence of soft tissue or ligamentous edema. Specific levels are as follows:

C2-C3: Minimal diffuse posterior disc bulge, without significant central canal stenosis or neural foraminal narrowing.

C3-C4: Anterior disc osteophyte complex, without significant posterior component. No central canal stenosis or neural foraminal narrowing.

C4-C5: Small diffuse right paracentral disc protrusion, slightly indenting the anterior thecal sac, resulting in mild right-sided

Olawale, Jamize

59486501

EMM16003211803

Page 1/2

FINAL REPORT

neural foraminal narrowing. No significant central canal stenosis or left-sided neural foraminal narrowing.

C5-C6: Mild left-sided uncovertebral osteophyte, resulting in mild left-sided neural foraminal narrowing. No central canal stenosis or right-sided neural foraminal narrowing.

C6-C7: Mild left-sided uncovertebral osteophyte, without significant central canal stenosis or neural foraminal narrowing.

C7-T1: Unremarkable without significant central canal stenosis or neuroforaminal narrowing.

IMPRESSION:

Minimal to mild degenerative disc disease in the cervical spine, particularly at C4-5, resulting in mild right-sided neural foraminal narrowing at C4-5 and mild left-sided neural foraminal narrowing at C5-6.

Electronically signed by Phillip Wong M.D. on 12/9/2016 2:21 PM

Released by:

Chen, Hui Jie Jenny, MD

Wong M.D., Phillip C, MD

Signed by: Wong M.D., Phillip C, MD 12/09/2016 2:21 PM

Reading History

Chen, Hui Jie Jenny, MD
Wong M.D., Phillip C, MD

Read Date
Dec 9, 2016
Dec 9, 2016

There are no order-level documents.

PRELIMINARY REPORT

Diagnostic Imaging Report
Report Printed: 8/29/2017 at 2:29 PM

Eden Medical Center MRI
20103 Lake Chabot Road, Castro Valley, CA 94546
510-727-3226

Patient Name: Olawale, Jamize

DOB: [REDACTED]

MRN: 59486501

Accession No: EMM17002283129

Performing Location: Eden Medical Center MRI

Admitted Location :

Authorizing Provider: King, Warren D

Ordering Provider: King, Warren D

Attending Provider:

PCP: King, Warren D

Date of Service: 08/28/2017

MRI LOWER EXTREMITY LEFT NO JOINT WO CONT

DATE/TIME: 8/28/2017, 9:40 AM.

PROCEDURE(S): MRI OF THE LEFT LEG (THIGH) WITHOUT CONTRAST

COMPARISON(S): None.

HISTORY: Left quadriceps muscle strain.

TECHNIQUE:

An MRI of the left leg (thigh) was performed on a GE Signa Excite 3.0 Tesla magnet without intravenous contrast.

FINDINGS: There is mild intramuscular edema along the proximal left rectus femoris muscle belly medial, just below the level of the lesser trochanter (series 12, images 40-43), most compatible with a mild muscle strain. Mild peritendinous edema is also present along the central tendon of the left rectus femoris muscle proximally.

There is posttraumatic mild fluid which partially surrounds the deep surface of the left rectus femoris muscle belly proximally.

The direct and indirect heads of the left rectus femoris tendon origin appear intact.

Muscle signal of the remainder of the left hip and thigh is normal.

Olawale, Jamize

59486501

EMM17002283129

Page 1/2

PRELIMINARY REPORT

Marrow signal the visualized portions of the left hip and pelvis is normal. Left femur marrow signal is normal. No evidence of acute bony injury.

Symphysis pubis appears intact.

No significant subcutaneous edema is identified.

IMPRESSION:

1. Mild strain of the left rectus femoris muscle proximally with minor intramuscular edema along the muscle belly medially, just below the level of the lesser trochanter and minor peritendinous edema surrounding the central tendon proximally. Mild posttraumatic fluid is present deep to the left rectus femoris muscle belly proximally as well.

2. Remainder of the left thigh and hip muscles appear unremarkable.

3. No evidence of acute bony injury of the left hip or visualized portions of the femur.

Above findings were phoned to Dr. Warren King, orthopedic team physician for the Oakland Raiders, at 10:50 AM on 8/28/2017. Results also discussed with Rod Martin, head trainer for the Oakland Raiders.

Released by:

Signed by:

2. [REDACTED]

Navdeep Singh, MD In Basket P: 510-538-4500 Fax: 510-538-4502

Looking for [REDACTED]

Hong, Richard, MD

Aug 28, 2017

There are no order-level documents.

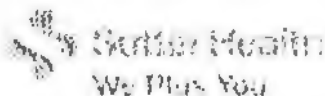
Olawale, Jamize 59486501

EMM17002283129

Page 2/2

PRELIMINARY REPORT

FINAL REPORT



Diagnostic Imaging Report
Report Printed: 10/31/2016 at 2:43 PM

Eden Medical Center MRI
20103 Lake Chabot Road, Castro Valley, CA 94546
510-727-3226

Patient Name: Olawale, Jamize

DOB: [REDACTED]

MRN: 59486501

Accession No: EMM16002837062

Performing Location: Eden Medical Center MRI

Admitted Location :

Authorizing Provider: King, Warren D

Ordering Provider: King, Warren D

Attending Provider: King, Warren D, MD

PCP: King, Warren D

Date of Service: 10/31/2016

MRI ANKLE RIGHT WO CONTRAST

EXAMINATION: MRI ANKLE RIGHT WO CONTRAST/

COMPARISON: 9/14/2015

CLINICAL HISTORY: Injury.

TECHNIQUE: Using a 3 Tesla magnet, multiple sequences of the ankle were obtained.

FINDINGS:

LIGAMENTS: Scar tissue in the region of the previously ruptured anterior distal tibiofibular syndesmotic ligament. Thickening and irregularity with T2 intermediate signal of the posterior distal tibiofibular syndesmotic ligament, in keeping with old injury. Thickening and irregularity with increased T2 signal of the anterior talofibular ligament, most pronounced at its talar insertion, in keeping with prior injury. The posterior talofibular ligament is intact. The visualized calcaneolubular ligament is intact. Mild thickening and irregularity of the visualized superficial and deep fibers of the deltoid ligament suggesting old injury. The visualized fibers of the spring ligament are intact.

TENDONS: The Achilles tendon is intact. Visualized extensor tendons are intact. Peroneal tendons are intact. Mild tenosynovial fluid and tenosynovitis about the tibialis posterior

Olawale, Jamize

59486501

EMM16002837062

Page 1/3

FINAL REPORT

tendon along its distal course as it traverses the hindfoot. Mild edema and swelling in the overlying soft tissues. The tibialis posterior tendon is intact. The flexor digitorum longus and flexor hallucis longus tendons are intact as well.

SINUS TARSI: The sinus tarsi is unremarkable.

PLANTAR FASCIA: Mild thickening and minimal T2 intermediate signal of the central band of the plantar fascia, suggesting sequela of chronic plantar fasciitis.

OSSEOUS AND CARTILAGINOUS STRUCTURES: Osteochondral lesion along the anterior tibial plafond measuring 10 x 9 mm with associated full-thickness chondral fissuring and signal heterogeneity with at least partial-thickness cartilage loss, subjacent subchondral cysts and reactive marrow edema pattern. Mild focal reactive marrow edema pattern within the anteromedial base of the cuboid, possibly related to arthrosis. Small posterior calcaneal spur.

MISCELLANEOUS: The visualized intrinsic muscles of the foot are of normal bulk and signal. No significant joint effusion.

IMPRESSION

IMPRESSION:

1. Mild tenosynovial fluid and tenosynovitis about the tibialis posterior tendon along its distal course as it traverses the hindfoot. Mild edema and swelling in the overlying soft tissues.
2. Osteochondral lesion along the anterior tibial plafond, as before.
3. Scar tissue in the region of the previously ruptured anterior distal tibiotalar syndesmosis ligament. Old injuries of the posterior distal tibiotalar syndesmosis ligament and anterior talofibular ligament, as well as the superficial and deep fibers of the deltoid ligament.
4. Sequela of chronic plantar fasciitis of the central band of the plantar fascia.
5. Mild focal reactive marrow edema pattern within the anteromedial base of the cuboid, possibly related to arthrosis.

Above findings were conveyed by Dr. Epstein to Dr. King at 1:16 PM on 10/31/2016.

ME:mh

Electronically signed by Matthew Epstein on 10/31/2016 2:19 PM

Olawale, Jamize

59486501

EMM16002837062

Page 2/3

FINAL REPORT

Released by:

Epstein, Matthew David, MD

Signed by: Epstein, Matthew David, MD 10/31/2016 2:19 PM

Reading Provider

Epstein, Matthew David, MD

Date/Time

Epstein, Matthew David, MD

Oct 31, 2016

There are no order-level documents.

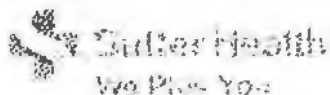
Olawale, Jamize
FINAL REPORT

59486501

EMM16002837062

Page 3/3

FINAL REPORT



Diagnostic Imaging Report
Report Printed: 8/19/2016 at 12:07 PM

Eden Medical Center MRI
20103 Lake Chabot Road, Castro Valley, CA 94546
510-727-3226

Patient Name: Olawale, Jamize

DOB: [REDACTED]

MRN: 59486501

Accession No: EMM16002154043

Performing Location: Eden Medical Center MRI

Admitted Location :

Authorizing Provider: King, Warren D

Ordering Provider: King, Warren D

Attending Provider: King, Warren D, MD

PCP: King, Warren D

Date of Service: 08/19/2016

MRI KNEE LEFT WO CONTRAST

EXAMINATION: MRI KNEE LEFT WO CONTRAST.

COMPARISON: None.

CLINICAL HISTORY: Medial meniscal tear.

TECHNIQUE:

Using a 3 Tesla magnet, multiple sequences of the knee were obtained.

FINDINGS:

MENISCI

Medial Meniscus: Subtle horizontal increased T2 signal through the body of the medial meniscus with extension to the tibial articular surface, suggesting a subtle horizontal tear.

Lateral Meniscus: Lateral meniscus is intact.

LIGAMENTS

Cruciate Ligaments: The anterior and posterior cruciate ligaments are intact.

Medial Collateral Ligament: There is fluid/increased T2 signal about the superficial fibers of the medial collateral ligament as well as mild thickening and mild T2 intermediate signal of the superficial fibers near the femoral origin, suggesting a grade 1

Olawale, Jamize

59486501

EMM16002154043

Page 1/3

FINAL REPORT

versus a low-grade grade 2 sprain.

Lateral Collateral Ligament Complex: The lateral collateral ligament complex is intact.

EXTENSOR MECHANISM: Tibial tuberosity hypertrophy as well as an adjacent bulky ossification along the inferior aspect of the patellar tendon with associated mild tendinosis, likely sequela of chronic Osgood Schlatter's disease.

RETINACULA: Mild increased T2 signal within and around the medial patellofemoral retinaculum, suggesting grade 1 versus low-grade grade 2 sprain. Lateral retinaculum is intact.

OSSEOUS AND CARTILAGINOUS STRUCTURES:

Patellofemoral Compartment: Full thickness chondral fissuring with subjacent subchondral cysts along the lateral patellar facet. Full-thickness chondral fissuring and up to full-thickness cartilage loss along the central aspect of the medial patellar facet, median patellar ridge and central aspect of the lateral patellar facet with subjacent subchondral cysts. Patellofemoral osteophytes.

Medial Compartment: No significant osseous or chondral abnormalities.

Lateral Compartment: No significant osseous or chondral abnormalities.

MISCELLANEOUS: Moderate size knee effusion with synovitis. Tiny popliteal cyst with fluid tracking caudally, suggesting remote rupture. Small proximal tibiofibular joint effusion.

IMPRESSION:

1. Subtle horizontal increased T2 signal through the body of the medial meniscus with extension to the tibial articular surface, suggesting a subtle horizontal tear.

2. Fluid/increased T2 signal about the superficial fibers of the medial collateral ligament as well as mild thickening and mild T2 intermediate signal of the superficial fibers near the femoral origin, suggesting a grade 1 versus a low-grade grade-2 sprain.

3. Mild increased T2 signal within and around the medial patellofemoral retinaculum, suggesting grade 1 versus low-grade grade-2 sprain.

4. Patellofemoral osteophytes and high-grade patellofemoral chondrosis, as described above.

5. Tibial tuberosity hypertrophy as well as an adjacent adjacent

Olawale, Jamize

59486501

EMM16002154043

Page 2/3

FINAL REPORT

bulky ossification along the inferior aspect of the patellar tendon with associated mild tendinosis, likely sequela of chronic Osgood Schlatter's disease.

6. Moderate-sized knee effusion with synovitis. Tiny popliteal cyst with fluid tracking caudally, suggesting remote rupture.

Above findings were conveyed by Dr. Epstein to Dr. King at 11:20 AM on 8/19/2016.

ME:mh

Electronically signed by Matthew Epstein on 8/19/2016 12:00 PM

Released by:

Epstein, Matthew David, MD

Signed by: Epstein, Matthew David, MD 08/19/2016 12:00 PM

CC Recipients

Reading Provider

Reading Provider:

Epstein, Matthew David, MD

Sent Date

Aug 19, 2016

Olawale, Jamize
FINAL REPORT

59486501

EMM16002154043

Page 3/3



Insight Imaging – Hayward MRI
3521 Investment Boulevard, Suite 5
Hayward, CA 94545
PH# 510.670.0700
FAX# 510.784.1142

PATIENT: OLAWALE, JAMIZE
D.O.B.: [REDACTED]
REFERRED BY: WARREN KING, MD
PATIENT NUMBER: 28930
DATE: 09/24/2013
MR ANKLE LEFT NO CONTRAST

CLINICAL HISTORY: 24-year-old male with left ankle pain. Football injury.

COMPARISON: No prior studies are available.

TECHNIQUE: Multiplanar imaging was performed with T1 and T2 weighted sequences obtained on a 1.5 Tesla magnet.

FINDINGS:

Ligaments: There is thickening and increased signal in the anterior tibiofibular ligament with fluid signal intensity near the fibular attachment of the ligament suspicious for grade 2 sprain/partial disruption. Associated periosteal stripping of the ligament at the fibular attachment cannot be excluded. There is thickening of the anterior talofibular ligament compatible with grade 1 sprain. The remaining lateral ankle ligaments appear intact. The deltoid ligament complex is intact with mild loss of normal striation the deep layer of the ligament. The spring ligament complex and bifurcate ligaments are intact.

Tendons: The peroneal tendons are within normal limits in size and signal and position. Tendon insertions are intact.

The flexor and extensor tendons are intact. The Achilles tendon is normal.

Bones and soft tissues: There is a small to moderate tibiotalar joint effusion. No focal talar dome osteochondral lesions are present and there is no evidence of occult fracture. Osseous alignment appears normal.

Miscellaneous: Subcutaneous soft tissue edema is seen along the anterolateral ankle. The sinus tarsi, tarsal tunnel and plantar fascia are normal.

Insight Imaging – Hayward MRI

3521 Investment Boulevard, Suite 5
Hayward, CA 94545
PH# 510.670.0700
FAX# 510.784.1142

OLAWALE, JAMIZE

09/24/2013

MR ANKLE LEFT NO CONTRAST

IMPRESSION:

1. Findings compatible grade 2 sprain of the anterior tibiofibular ligament.
2. Grade 1 sprain of the anterior tibiofibular ligament.

Thank you for referring to Insight Imaging - Hayward.

RAVI ALAGAPPAN, MD

RA/

D: 09/24/2013 3:23:07 PM (PT)/T: (PT)

Doc ID: 843589

10823030

WARREN KING, MD

Document Authenticated By: RAVI ALAGAPPAN, MD

Authentication Date: 09/24/2013 3:23:07 PM (PT)

Dictated using PowerScribe dictation software; please advise of any irregularities.

Medical Reports

JO-00686

DALLAS COWBOYS FOOTBALL CLUB, LTD.
MEDICAL EXAMINATION

NAME: Olawale, Jamize

DATE: June 11, 2018

CLINICAL EVALUATION	
Normal	Abnormal
	CHECK EACH ITEM IN APPROPRIATE COLUMN "NE" IF NOT EVALUATED
/	1. HEAD, FACE, NECK, AND SCALP
/	2. NOSE
/	3. SINUSES
/	4. MOUTH AND THROAT
/	5. EARS - GENERAL
/	6. DRUMS (Perforation)
/	7. EYES - GENERAL
/	8. OPHTHALMOSCOPIC
/	9. PUPILS (Equality and reaction)
/	10. OCULAR MOTILITY (Associated parietal movement, nystagmus)
/	11. LUNGS AND CHEST (Include breasts)
/	12. HEART (Thrust, size, rhythm, sound)
/	13. VASCULAR SYSTEM (Varicosities, etc)
/	14. ABDOMEN AND VISCERA (Include hernia)
/	15. ANUS AND RECTUM (Hemorrhoids, fistulae Prostate if indicated)
/	16. ENDOCRINE SYSTEM
/	17. G-U SYSTEM
/	18. SKIN

DESCRIBE EVERY ABNORMALITY IN DETAIL ENTER PERTINENT ITEM NUMBER BEFORE EACH COMMENT. ATTACH ADDITIONAL SHEETS IF NECESSARY

MEASUREMENTS AND OTHER FINDINGS

HEIGHT

WEIGHT

VISUAL NEAR
PAR

136/70

168

PHYSICIAN'S SUMMARY:

A) w/ no

CONCUSSION 1X

AGE 9- LOC W/ 10%
2017 - NO LOC OUT 4/ WEEK

17A FOR 7-2 mo
SYMPTOM FREE

A) NO CONCERNS

LOC OF MIGRAINES

NO C/J SYMPTOMS

[Signature]

MD

M.D.

DATE

6/11/18

JO-00687

ORTHOPEDIC HISTORY

Answer each question by checking the appropriate YES or NO box.

Are you Right ☒ or Left ☐ Handed?

Have you ever worn a brace or harness of any type? YES ☐ NO ☒

HAVE YOU EVER SUSTAINED AN INJURY OR HAD PAIN OR DISCOMFORT TO YOUR:

AREA	YES	NO	COMMENTS
Head			2x Concussions both in J.C.
Neck		<input checked="" type="checkbox"/>	
Abdomen		<input checked="" type="checkbox"/>	Bulging disc LB high school
Back		<input checked="" type="checkbox"/>	
Chest & Ribs		<input checked="" type="checkbox"/>	

AREA	RIGHT		LEFT		COMMENTS
	Y	N	Y	N	
Shoulder					
Upper Arm					
Elbow					
Forearm					
Wrist					
Hand					
Fingers:					
Thumb					
Index					
Middle					
Ring					
Little					
Hip					
Groin					
Thigh					
Hamstring					
Knee					
Lower Leg					
Ankle					
Foot					Turf toe @ College
Toes					
Additional Comments:					

I certify that I have completed this questionnaire completely and to the best of my ability and knowledge.

Player Signature: 

Date: 12/4/12

Patient Name: Olawale, Jamize

Injury/Illness Left Neck Brachial Plexus Stretch

Injury/Illness Date: 11/21/2016 03:32 PM

Description: Left

Code	Description
091010	Neck Brachial Plexus Stretch

Background Details:

- o Nature of Injury **New Onset**
- o When was the Injury Reported? **Greater than 3 days**
- o Description of Onset **He made contact with his head and felt the stinger while blocking. He did not tell us about this for almost 2 weeks.**
- o Team Activity When Injury Occurred **Game**
- o Team Activity Game **Special Teams**
- o If Special Teams **Kick-Off Return (Game)**
- o Activity Segment **Unknown**
- o Foul **Not Applicable**
- o Position at Time of Injury **Special Teams Kick-Off**
- o Position at Time of Injury: If Special Teams Kick-Off **Kick Return Unit**
- o Background Screen Complete: **Yes**
- o At the time of onset, was the player removed from participation: **No, Player continued participation**
- o Following the session, was the player restricted from participation in subsequent sessions? **No, Continued at Full Participation**

Orders:	N/A Other
	Rx:
	o Start MethylPREDNISolone 4 MG Tablet Therapy Pack as directed Orally , Dispense: 21 (Start Date: 2016-12-09 00:00:00.0)

2016-12-09

Notes:	User	Detailed Note
	Martin, Rod	Dr. Klong prescribed 12/8/16

2016-11-21

Notes:	User	Detailed Note
	Touchet, Scott	Full ROM and strength. Neuro WNL.

OAKLAND RAIDERS ORGANIZATION
TRAINING ROOM – ROD MARTIN
DATE OF EXAM: 11/28/2016
PLAYER: OLAWALE, JAMIZE

PROGRESS REPORT

CHIEF COMPLAINT: Left shoulder weakness.

HISTORY: The player states he suffered a stinger in the game two weeks ago. He now reports some weakness when doing lat pulldowns with his left shoulder.

PHYSICAL EXAMINATION: He has full range of motion of his neck without tenderness. His motor examination reveal 5/5 strength to the rotator cuff and deltoid area. There is no evidence of atrophy. His neurovascular status is normal.

ASSESSMENT: Reported stinger episode with weakness to his latissimus dorsi doing lat pulldowns. No evidence of obvious atrophy or sensory deficits.

DISCUSSION: A lengthy and comprehensive discussion was carried out with the player regarding the nature of his condition and the treatment options and alternatives available to him.

At the present time, he will consider a Medrol Dosepak, modify his weightlifting activities, and consider a cowboy-type collar. Also, other diagnostic tests were discussed with him, which he declined at the present time including an EMG evaluation and an MRI of his neck.

He will follow up in the training room on a daily basis.

Warren King, M.D.

MD2MD: D: 11/28/2016 10:28:10 am T: 11/28/2016 7:58:31 pm
Job#: 747398/Doc#: 875839/Transc: BVT

JO-00690

Patient Name: Olawale, Jamize
Injury/Illness Concussion
Injury/Illness Date: 10/08/2017 10:21 AM
Description: Right

Code	Description
011000	Concussion
020420	Face Eyebrow Laceration

Background Details:

- o Nature of Injury **New Onset**
- o When was the Injury Reported? **Immediately**
- o Description of Onset **He was trying to make a tackle when the L. Knee of one of his teammates hit him above the R. Eye as his helmet came up and caused a laceration and concussion.**
- o Team Activity When Injury Occurred **Game**
- o Team Activity Game **Special Teams**
- o If Special Teams **Punt (Game)**
- o Activity Segment **4th quarter**
- o Foul **Not Applicable**
- o Position at Time of Injury **Special Teams Punt**
- o Position at Time of Injury: If Special Teams Punt **Punt Unit**
- o Background Screen Complete: **Yes**
- o At the time of onset, was the player removed from participation: **Yes, Player was removed and did not return to the session**
- o Following the session, was the player restricted from participation in subsequent sessions? **Yes, restricted from subsequent session**
- o Source of Impact to Injured Player **Knee**
- o Location of Impact to Injured Player **Other**
- o If Other, Specify **Helmet came up and knee struck him above the R. Eye**
- o Mouthpiece Worn at Time of Injury? **Custom**

2017-10-11

Notes:

User	Detailed Note
Martin, Rod	8:00 am - Reported that he slept really well last night. He has a headache that he grades a 2. He did 5 sets of 10 sec. max effort with 1 minute of active rest between sets on the Assault bike. After completion of the sets he said his headache was between a 3 and a 4.

2017-10-10

Notes:

User	Detailed Note
Martin, Rod	He presented with a headache and described it as a two on the pain scale. he said that he slept well last night and he woke up once to go to the bathroom. We got on the Assault bike and did 5 sets of 10sec. max effort with one minute of active ressst between sets. After the third set his headache increased to a four and remained there through the firth set.
Martin, Rod	His headache was a two this afternoon. He got on the Assault bike and did 5 sets of 10 sec. max effort with 1 minute of active rest between sets. After completion of the sets he said his headache was between a 3 and 4.

2017-10-08

Notes:

User	Detailed Note
Touchet, Scott	He came off the field with a laceration above the R. Eye. He also complained about being dizzy.

JO-00691

DALLAS COWBOYS FOOTBALL CLUB, LTD. MEDICAL EXAMINATION

NAME: Olawale, Jamize

DATE: 7/28/2020

CLINICAL EVALUATION

Normal	Abnormal	CHECK EACH ITEM IN APPROPRIATE COLUMN "NE" IF NOT EVALUATED
		1. HEAD, FACE, NECK, AND SCALP
		2. NOSE
		3. SINUSES
		4. MOUTH AND THROAT
		5. EARS - GENERAL
		6. DRUMS (Perforation)
		7. EYES - GENERAL
		8. OPHTHALMOSCOPIC
		9. PUPILS (Equality and reaction)
		10. OCULAR MOTILITY (Associated paretic movement, nystagmus)
		11. LUNGS AND CHEST (Include breasts)
✓		12. HEART (Thrust, size, rhythm, sound)
		13. VASCULAR SYSTEM (Varicosities, etc)
		14. ABDOMEN AND VISCERA (Include hernia)
		15. ANUS AND RECTUM (Hemorrhoids, fistulae Prostate if indicated)
		16. ENDOCRINE SYSTEM
		17. G-U SYSTEM
		18. SKIN

DESCRIBE EVERY ABNORMALITY IN DETAIL ENTER PERTINENT ITEM NUMBER BEFORE EACH COMMENT. ATTACH ADDITIONAL SHEETS IF NECESSARY

PHANT:

HAIR - NOT BEING REMOVED
 TO BE 20 TO PRIOR
 CONCERNING IT REPORTED
 IN 2017 BUT BELIEVES
 HE HAD A FEW OTHER
 MINOR ONE 1/
 NO MORE
 - NEPA
 - NO EXERCISE OPERATIONS

MEASUREMENTS AND OTHER FINDINGS

HEIGHT

WEIGHT

VISUAL NEAR
FAR

PHYSICIAN'S SUMMARY:

130/72 P-62

PLAN: SCREENING LAB
 FROM CLEARANCE IF LABS W/

[Signature]

M.D.

DATE

7-28-2020

JO-00692

THE OAKLAND RAIDERS
END OF SEASON (2017) PHYSICAL EXAMINATION

Players Name: Jamize R. Olawale Date: 1-1-18

TO BE COMPLETED BY PLAYER

Please check Item 1 or Item 2, whichever is appropriate:

1. ☐ I am, on this date, suffering from NO past or present physical injuries or medical problems.
2. ☒ I am currently suffering from the following listed physical injuries (past or present) or medical conditions.

random headaches / Dizziness
trouble remembering things

Please answer the following questions:

Are you at present free of Injury, Illness, or Discomfort [] YES [X] NO

If "NO," please give full details.

random headaches / Dizziness
trouble remember things

Are you currently physically able to perform all of the duties required in professional football? [X] YES [] NO

If "NO," please give full details.

Have you missed any playing time during the season as a result of Injury, Illness, Discomfort, or any other reason?

[X] YES [] NO

If "YES," please give full details.

Pulled Hamstring / Quad
Concussion

once in 2017

During the season, have you suffered any Injury, Illness or Discomfort for which you have NOT sought any of the following:

If "YES," please give full details.

NO

- | | | |
|--------------------|---------|--------|
| 1. Medical Advice? | [] YES | [X] NO |
| 2. Diagnosis? | [] YES | [X] NO |
| 3. Treatment? | [] YES | [X] NO |

I have been advised of my rights to worker's compensation benefits, including benefits related to cumulative trauma, and been given a worker's compensation brochure and was told to read it so that I understand the benefits available to me.

Player's Signature [Signature] Date 1-1-18

JO-00693

DALLAS COWBOYS FOOTBALL CLUB, LTD. MEDICAL EXAMINATION

NAME: Olawale, Jamize

DATE: June 11, 2018

CLINICAL EVALUATION		DESCRIBE EVERY ABNORMALITY IN DETAIL ENTER PERTINENT ITEM NUMBER BEFORE EACH COMMENT. ATTACH ADDITIONAL SHEETS IF NECESSARY
Normal	Abnormal	
✓		1. HEAD, FACE, NECK, AND SCALP
✓		2. NOSE
✓		3. SINUSES
✓		4. MOUTH AND THROAT
✓		5. EARS - GENERAL
✓		6. DRUMS (Perforation)
✓		7. EYES - GENERAL
✓		8. OPHTHALMOSCOPIC
✓		9. PUPILS (Equality and reaction)
✓		10. OCULAR MOTILITY (Associated parrel movement, nystagmus)
✓		11. LUNGS AND CHEST (Include breasts)
✓		12. HEART (Thrust, size, rhythm, sound)
✓		13. VASCULAR SYSTEM (Varicosities, etc)
✓		14. ABDOMEN AND VISCERA (Include hernia)
✓		15. ANUS AND RECTUM (Hemorrhoids, fistulae Prostate if indicated)
✓		16. ENDOCRINE SYSTEM
✓		17. G-U SYSTEM
✓		18. SKIN

MEASUREMENTS AND OTHER FINDINGS

HEIGHT	WEIGHT	
VISUAL	NEAR	
	PAR	

130/70 168

PHYSICIAN'S SUMMARY:

A) w/ no

CONCUSSION 1X

AGE 9- LOC LAT 10X

2017 - NO LOC OUT 4/ WEEK

11A FOR 2-3 NO

Symptoms FALSE

A) NO CONCERN

LOC OF MIGRAINES

NO CV Symptoms

Jamize

M.D.

DATE

6/11/18

JO-00694

Patient Name: Olawale, Jamize

Injury/Illness: Headaches

Injury/Illness Date: 12/30/2019 02:36 PM

Description: Not applicable

Code	Description
018100	Head Nontraumatic Headaches

Background Details:

- o Nature of Injury **Unknown**
- o When was the Injury Reported? **Greater than 3 days**
- o Description of Onset
- o Team Activity When Injury Occurred **Unknown**
- o Position at Time of Injury **Running Back**
- o Position at Time of Injury: If Running Back **Fullback**
- o Background Screen Complete: **Yes**
- o At the time of onset, was the player removed from participation: **No, Player continued participation**
- o Following the session, was the player restricted from participation in subsequent sessions? **No, Continued at Full Participation**
- o Team Activity When Injury Occurred: Specify Reason **Unknown headaches off and on for several months**
- o Primary Player Activity at Time of Injury **Unknown**
- o Primary Mechanism Type **Unknown/Inconclusive**
- o Primary Mechanism of Injury **Unknown/Inconclusive**

2020-09-25

User	Detailed Note
Maurer, Jim	Jamize was evaluated by Dr. Alan Martin today and will continue to monitor intermittent headaches.

2020-07-28

User	Detailed Note
Maurer, Jim	Jamize was evaluated at entrance physicals and is cleared for all football activities.

2020-07-08

User	Detailed Note
Maurer, Jim	I spoke with Jamize today. He said he has had some headaches that were spaced out over a couple of days with no back to back over the last month. He has done cardio with no issues and lifted heavy twice a week with no issues. I asked if he thought he needed to see Erin for a follow-up. He said he did not think it was necessary. We discussed his last conversation with Dr. Martin who said he really wouldn't know if there were any significant issues until he begins contact workouts. Jamize wants to play. He will let me know of any changes in his status as we get closer to training camp.

2020-04-29

User	Detailed Note
Maurer, Jim	Jamize was seen by Dr. Reynolds via teledoc and the plan is to continue communication with her. He is working out and things are going well per the notes.

2020-04-27

User	Detailed Note
Maurer, Jim	Jamize texted me today with an outstanding medical bill. I asked him how things have been since we last talked. He said he had two more headaches and was unclear if they were from football. The two had been much more severe than the one's during the season. I asked him to communicate this with Erin Reynolds and follow-up with her if need be. He later said the first one required an aspirin and the second one did not require any medicine as it was not too bad. He will get with Dr. Reynolds on these two incidences.

2020-03-20

User	Detailed Note
Maurer, Jim	Jamize was evaluated by Erin Reynolds and is now not suffering from headaches. Erin believes Jamize is functioning with no issues without contact. She feels Jamize does not need further headache therapy at this point. Jamize will let her know if any issues arise that would warrant further therapies.

2020-03-09

User	Detailed Note
Maurer, Jim	Jamize has been unable to attend another appt. at this point with Erin Reynolds. He was scheduled for another session for next Friday the 20th. Erin commented to me today that Jamize was improved from her standpoint.

2020-02-19

User	Detailed Note
Maurer, Jim	Jamize had a therapy session with Erin Reynolds and Jamize had no headaches or issues with the workout or the session. He is going to meet with her again next Wednesday for another session.

2020-02-18

User	Detailed Note
Maurer, Jim	Jamize has started therapy and is not limited to any workouts per Erin Reynolds. Erin is going to be working with Jamize on his vestibular therapy.

2020-02-12

User	Detailed Note
Maurer, Jim	Dr. Martin reviewed the notes from Neuropsych testing. The plan seems to involve continued vestibular therapy with Erin Reynolds. I am awaiting further evaluation and notes from Dr. Martin.

2020-02-11

JO-00695

Notes:	User	Detailed Note
	Maurer, Jim	Jamize underwent Neuropsych testing with Erin Reynolds and results are being sent to Dr. Alan Martin for review tomorrow.
2020-02-07		
Notes:	User	Detailed Note
	Maurer, Jim	Jamize was able to workout today. He was scheduled for Neuropsych testing for next week and results will be sent to Dr. Martin for review. The plan at this point is continued monitoring of frequency of headaches.
2020-02-06		
Notes:	User	Detailed Note
	Maurer, Jim	Jamize was reexamined by Dr. Martin today. Reading through the notes Jamize is describing 1-2 mild headaches weekly. I will discuss with Jamize the results and proceed with a plan that they had discussed.
2020-01-26		
Notes:	User	Detailed Note
	Maurer, Jim	Jamize texted me today stating that the headaches had returned a couple of days ago. He is scheduled for a revisit with Dr. Martin Feb 6th. I advised Jamize to contact Dr. Martin tomorrow about the changes. Jamize will let me know if the appt. time changes.
2020-01-21		
Notes:	User	Detailed Note
	Maurer, Jim	I spoke with Jamize today and he says the headaches have improved. He is scheduled for a reexam the first week of Feb. He will stay in touch with any changes.
2020-01-08		
Notes:	User	Detailed Note
	Maurer, Jim	Results of the MRA and MRI suggest no abnormalities per the report. I spoke with Jamize regarding the results and the plan as laid out to him are to meet with Dr. Martin in 4-5 weeks for follow-up and perform neuropsych evaluation to further assess the source of his headaches. Jamize seems fine with the plan.
2020-01-07		
Notes:	User	Detailed Note
	Maurer, Jim	Jamize underwent an MRI/MRA today and will follow-up with results from Dr. Alan Martin
2020-01-06		
Notes:	User	Detailed Note
	Maurer, Jim	I spoke with Jamize today. He is feeling good. He has corresponded with Dr. Martin's office and is scheduled for an MRI and MRA tomorrow. Following those exams he and Dr. Martin are to discuss follow-up neuro-psych exams and revisit in 6 weeks for reexamination.
2020-01-03		
Notes:	User	Detailed Note
	Maurer, Jim	Jamize was examined by Dr. Alan Martin today as a follow-up on his complaint of chronic headaches. He is being diagnosed with a headache syndrome. The plan is to observe headache pattern over the next 6 weeks. Dr. Martin is recommending Neuropsychological evaluation for a baseline comparison. An MRI of the Brain and an MRA were discussed. He is to follow-up with Dr. Martin in 6 weeks as to the headache patterning. I will discuss the plan with Jamize and Dr. Fowler next week.
2019-12-30		
Notes:	User	Detailed Note
	Maurer, Jim	Headaches
	Maurer, Jim	Jamize was evaluated by Dr. Fowler for ongoing headaches through the season. This was not reported until today at exit physicals. The plan is to set Jamize up with Dr. Alan Martin for further consultation on the symptoms.
	Fowler, Robert	For the first time today at the exit physicals, Jamize reports a season long period of intermittent faint headaches. He states they occur approximately 2-4 times per week and are never significant enough to limit him as far as activities. He denies associated symptoms. However, he is also concerned about some perceived "forgetfulness" without reporting Frank memory loss. He did have a significant concussion in 2017 in mid season where he was apparently hit in the right frontal parietal region. He had headache dizziness photophobia and another symptoms. He missed one game but ultimately cleared the protocol. He had not had any headaches or issues until the onset this year in training camp without and associated head trauma. He also admits to some variable neck soreness that he believes might be somewhat of a residual effect from significant stinger last the training camp. However, he denies stingers this year. Prior to this these last 4 or 5 months, he denies a history of frequent headaches. His review of systems is negative for visual disturbance or scotomata. Physical examination blood pressure 126 over 72 pulse is 68 and regular HEENT exam reveals his extraocular movements are intact his pupils are equally round and reactive light and accommodation and his fundi are benign there are no abnormal eye movements nor symptoms with horizontal and vertical saccades. He has no abnormal eye movements but mild headache or uncomfortable sensation with horizontal and vertical VOR/gaze stability testing. His neck is supple although there is slight day restriction to extension. He has no pain with resisted isometrics strength testing in all planes. Neurologic exam is intact to motor, sensory, and DTRs. Romberg is negative and he has no abnormalities noted on additional vestibular/cerebellar testing including finger-nose-finger, heel-to-shin, tandem walking, and single-leg balance. Cranial nerves II through XII were intact. Impression recent 4 month history of intermittent "faint" headaches-exact type/etiology not clear. Although not likely, cannot exclude some association with his prior concussion or with the repetitive head trauma sustained in football plan I'll refer him to our neurologist, Dr. Alan Martin, for further evaluation and consideration of brain imaging. I actually offered to start with a brain MRI but he agreed with to first see Dr. Martin for additional evaluation. Treatment will be determined by such additional evaluation plus or minus imaging. Of course, in the meantime, he can use when necessary Tylenol or OTC NSAID IDS as a trial. I may also consider neuropsychologic testing. Addendum It should be noted that I did do some mental status to testing today which revealed good attention, short-term, and long-term memory including remembering up to 6 digits backwards.

JO-00696

Dallas Cowboys Football Club

HEALTH HISTORY QUESTIONNAIRE

Name: Jamize R. Olawale Date: 3/27/18
Social Security#: [REDACTED] Birth Date: [REDACTED] Age: 28
Marital Status: Married Wife's Name: [REDACTED]
Children/Age: (3) Ages: 6, 5, 3
Person to Notify in an Emergency: Wife Phone: [REDACTED]
College Football Experience: School: University of North Texas Years: 2010-2012
Pro Football Experience (Team & Years): Dallas (2012); Oakland (2012-2018);
Dallas (Current)
Position: Fullback Height: 6-0 Usual Weight: 245

INSTRUCTIONS

1. This form is for your benefit. You must disclose all injuries or illnesses whether you consider them to be serious or not.
2. Fill in the form by circling the appropriate response or fill in the blanks.
3. Every item circled "yes" should be fully explained in the space provided. Include all dates, procedures, surgeries, hospitalization and physicians

HAVE YOU EVER HAD OR DO YOU HAVE NOW?

CIRCLE ALL THAT APPLY AND EXPLAIN

CHEST / HEART

Chest Pain	Heart Trouble	Palpitations	Irregular Heart Beats
Very Fast Heart Beats	Abnormal EKG	Other Test for Heart	High Blood Pressure
Shortness of Breath	Pleurisy	Bronchitis	Pneumonia
Coughing up Blood			

EXPLAIN: ☒ None Of These Apply

HEAD

Nose Bleed	Hay Fever	Asthma	Frequent Sore Throats
Tonsillitis	Strep Throat Infections	Infectious Mono	Tooth or Gum Problems
Sinus Infection	Epilepsy, Convulsions, Seizures	Frequent Headaches	Dizziness or Fainting Spells
Black Out Spells	<u>Head Injury or Concussion</u>	Loss of Memory or Amnesia	

EXPLAIN: ☐ None Of These Apply

Last yr against the Baltimore Ravens my own
franklin and I collided attempting to make a
fackle on the punt coverage unit.

EAR / NOSE / THROAT

Wear Glasses	Wear Contact Lenses	Any Visual or Eye Problems	Hearing Difficulty
Wear Hearing Aid	Any Ear Problems	Wear False Teeth or Bridge	Bleeding Of The Gums

EXPLAIN: ☒ None Of These Apply

JO-00697

G.I.

- | | | | |
|----------------------------------|---------------------|---------------------------------|----------------------|
| Frequent Heart Burn, Indigestion | Airsickness | Nausea or Vomiting | Vomiting Blood |
| Gastric or Peptic Ulcer | Frequent Diarrhea | Blood in Stool | Stomach Pain |
| Colitis | Rectal Bleeding | Hemorrhoids | Liver Problems |
| Hepatitis | Abnormal Liver Test | Pancreas Problems(Pancreatitis) | Gallstones |
| Spleen Problem | Kidney Problem | Bruised in Kidney | Blood in Urine |
| Kidney Stones | Urine Infection | Absent or Undescended Testicle | Swelling of Testicle |
| Prostate Infection or Trouble | | | |

EXPLAIN: ☒ None Of These Apply

GENERAL

- | | | | |
|----------------------------------|--------------------------------|--------------------------------|-----------------------------------|
| Skin Problems | Bruise Easily | Venereal Disease | Excessive Drinking Habit |
| Used Stimulant or Amphetamine | Any Drug Habit | Used Weight Reducing Pills | Used Anabolic Steroids |
| Used Sedatives or Tranquillizers | Tumor, Growth, Cyst, or Cancer | Any Type of Rupture (Hernia) | Gout |
| Aids | Diabetes | Fall Asleep Easily | Thyroid Problems |
| Malaria | Frequent Muscle Cramping | Heat Intolerance | Tobacco Use(Smoke/Dip) |
| Dehydration | Been Denied Life Insurance | Staples, Screws, Wires, or Pin | Hospitalized for Medical Problems |
| Sickle Cell / Trait | | | |

EXPLAIN: ☒ None Of These Apply

Do you have a family history of any of the following conditions?

- | | |
|--------------------------------|---------------------------------------|
| Diabetes: YES or <u>NO</u> | High Blood Pressure: YES or <u>NO</u> |
| Tuberculosis: YES or <u>NO</u> | Heart Trouble: YES or <u>NO</u> |

Last Tetanus Shot: _____

Allergy or Allergic Reaction to any medication and/or food (Penicillin, shellfish, etc): Allergic to sunscreen

Taken any over-the-counter or prescription medications during the past six (6) months: None

Ever had a complete medical examination? If so when, June

Ever had any surgery (operation)? If so what type? No

Please circle if you have had any of the following childhood illnesses:

- | | | |
|-------|--------------------|---------|
| MUMPS | <u>CHICKEN POX</u> | MEASLES |
|-------|--------------------|---------|

Ever had any illness, surgery or injury other than those you noted and listed in the MEDICAL Questionnaires?
No

JO-00698

ORTHOPEDIC HISTORY QUESTIONNAIRE

Have you ever injured or consulted a doctor about any injury to the:

If so, **CIRCLE ALL THAT APPLY AND EXPLAIN**

HEAD

Unconscious

Headache

Missed Practice

Pains

Dazed

Operation

Missed Games

Fractures

Knocked Out

Hospitalized

X-rays, CT, MRI

Other

EXPLAIN:

☐ None Of These Apply

for the concussion I suffered last year
 against Baltimore that I mentioned earlier

NECK

Stretches

Left or Right

Pinched Nerve

Left or Right

Fractures

Left or Right

Dislocations

Left or Right

Sprain / Strain

Left or Right

Burners

Left or Right

Disc Injury

Left or Right

Injections

Left or Right

X-rays, CT, MRI

Left or Right

Operations

Left or Right

Pains

Left or Right

Missed Practice

Left or Right

Missed Games

Left or Right

Other

Left or Right

EXPLAIN:

☒ None Of These Apply

UPPER BACK

Sprain/Strain

Left or Right

Pinched Nerve

Left or Right

Disc Injury

Left or Right

Fracture

Left or Right

Operation

Left or Right

Hospitalized

Left or Right

Pains

Left or Right

Injections

Left or Right

Fractured Ribs

Left or Right

Missed Practice

Left or Right

Missed Games

Left or Right

Other

Left or Right

EXPLAIN:

☒ None Of These Apply

LOWER BACK

Sprain/Strain

Left or Right

Pinched Nerve

Left or Right

Disc Injury

Left or Right

Fracture

Left or Right

Operation

Left or Right

Hospitalized

Left or Right

Pains

Left or Right

Injections

Left or Right

Referred Pain

Left or Right

Missed Practice

Left or Right

Missed Games

Left or Right

Brulso

Left or Right

Other

Left or Right

EXPLAIN:

☒ None Of These Apply

JO-00699

Orthopedic History Cont...

SHOULDER

<u>A-C Separations</u>	Left or Right	Dislocation	Left or Right	Partial Dislocation	Left or Right
Tendonitis	Left or Right	Bursitis	Left or Right	Injections	Left or Right
Sprain / Strain	Left or Right	Operations	Left or Right	Pains	Left or Right
Missed Practice	Left or Right	Missed Games	Left or Right	Bruise	Left or Right
Other	Left or Right				

EXPLAIN:

☐ None Of These Apply

Not sure which shoulder; Happened a long time ago

ARMS

Fractures	Left or Right	Calcium Deposit	Left or Right	Injections	Left or Right
Operations	Left or Right	Missed Practice	Left or Right	Missed Games	Left or Right
Pains	Left or Right	Casted	Left or Right	Bruised	Left or Right
Other	Left or Right				

EXPLAIN:

☒ None Of These Apply

ELBOWS

Sprains / Strain	Left or Right	Pains	Left or Right	Fractures	Left or Right
Dislocation	Left or Right	Tendonitis	Left or Right	Injections	Left or Right
Casted	Left or Right	Operations	Left or Right	Missed Practice	Left or Right
Missed Games	Left or Right	Bursitis	Left or Right	Other	Left or Right

EXPLAIN:

☒ None Of These Apply

WRISTS

Sprain/Strain	Left or Right	Pains	Left or Right	Fractures	Left or Right
Dislocation	Left or Right	Tendonitis	Left or Right	Injections	Left or Right
Casted	Left or Right	Operations	Left or Right	Missed Practice	Left or Right
Missed Games	Left or Right	Other	Left or Right		

EXPLAIN:

☒ None Of These Apply

JO-00700

Orthopedic History Cont...

HANDS / FINGERS

Sprain / Strain	Left or Right	Pains	Left or Right	Fractures	Left or Right
Dislocations	Left or Right	Injections	Left or Right	Casted / Splints	Left or Right
Operations	Left or Right	Missed Practice	Left or Right	Missed Games	Left or Right
Bruise	Left or Right	Other	Left or Right		

EXPLAIN:

☒ None Of These Apply

PELVIS / HIPS

Sprain/Strain	Left or Right	Pains	Left or Right	Fractures	Left or Right
Dislocations	Left or Right	Injections	Left or Right	Casted / Splints	Left or Right
Operations	Left or Right	Groin Pulls	Left or Right	Tom Muscles	Left or Right
Missed Practice	Left or Right	Missed Games	Left or Right	Bruise	Left or Right
Other	Left or Right				

EXPLAIN:

☒ None Of These Apply

THIGHS

Sprain / Strain	Left or Right	<u>Quad Pull</u>	<u>Left</u> or Right	<u>Hamstring Pulls</u>	<u>Left</u> or Right
Tom Muscles	Left or Right	Calcium Deposits	Left or Right	Fractures	Left or Right
Operations	Left or Right	Injections	Left or Right	Pains	Left or Right
Missed Practice	Left or Right	Missed Games	Left or Right	Bruise	Left or Right
Other	Left or Right				

EXPLAIN:

☐ None Of These Apply

Both pulls occurred last year within weeks of each other. Oakland Trainers believe one may have indirectly caused the other

LEGS

Sprain/Strain	Left or Right	Shin Splints	Left or Right	Tom Muscles	Left or Right
Fractures	Left or Right	Injections	Left or Right	Pain	Left or Right
Missed Practice	Left or Right	Missed Games	Left or Right	Bruise	Left or Right
Other	Left or Right				

EXPLAIN:

☒ None Of These Apply

JO-00701

Orthopedic History Cont...

KNEES

Strained	<u>Left</u> or Right	Sprain Ligament	Left or Right	Torn Ligaments	Left or Right
Torn Cartilage	Left or Right	Knee Cap Injury	Left or Right	Fractures	Left or Right
Operations	Left or Right	Injections	Left or Right	Pains	Left or Right
Dislocations	Left or Right	Missed Practice	Left or Right	Missed Games	Left or Right
Bruise	Left or Right	Bursitis	Left or Right	Swelling	Left or Right
Locking	Left or Right	Giving Away	Left or Right	Arthroscopes	Left or Right
Wear Braces	Left or Right	Casted	Left or Right	Arthritis	Left or Right
Chondromalacia	Left or Right	Grinding	Left or Right	Other	Left or Right

EXPLAIN:

☐ None Of These Apply

Sprained MCL last week; I missed no games from this injury

ANKLES

Sprains	<u>Left</u> or Right	Strain	Left or Right	Fractures	Left or Right
Dislocations	Left or Right	Operations	Left or Right	Injections	Left or Right
Casted / Splinted	Left or Right	Pain	Left or Right	Missed Practice	Left or Right
Missed Games	Left or Right	Bruise	Left or Right	Other	Left or Right

EXPLAIN:

☐ None Of These Apply

Sprained Ankle on the same play as my MCL sprain; Missed no games from this injury.

FEET / TOES

Sprains	Left or Right	Fractures	Left or Right	Dislocations	Left or Right
Operations	Left or Right	Injections	Left or Right	Casted / Splinted	Left or Right
Pain	Left or Right	Missed Practice	Left or Right	Missed Games	Left or Right
Turf Toe	Left or Right	Bruise	Left or Right	Other	Left or Right

EXPLAIN:

☐ None Of These Apply

Tore a small muscle on the bottom of my foot in training camp 2015; Missed 2 weeks as a result.

Have you had or do you have now any other medical problems or injuries not listed on this form?

YES or NO

Have you been on injured reserve for any injury sustained during your football career?

YES or NO

Do you have any medical or health problems that you are currently receiving medical treatment for?

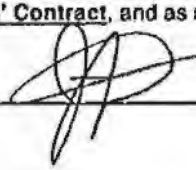
YES or NO

Is there any reason that you are not able to play football at this time?

YES or NO

I certify that I have made **FULL AND COMPLETE WRITTEN DISCLOSURE** of all past and present injuries or problems as required by Paragraph 8 of the NFL Players' Contract, and as required by this and other medical forms of the club.

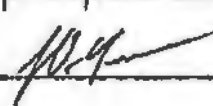
Signature: _____



DATE: _____

3/27/18

WITNESS: _____



JO-00702

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Fellow, American College of Professional Neuropsychology
Fellow & Diplomate, American Board of Medical Psychotherapists*

CECILIA M. HARDEY, Ph.D.
PSY1237

**NFL NEUROPSYCHOLOGICAL
CONSULTATION REPORT**

Player Name: Jamize Olawale
Team: Oakland Raiders
Date of Injury: 10/8/2017
Date of Consult: 10/9/2017

History of Injury: Jamize Olawale is a 28-year-old fullback who was injured in a home game against Baltimore on October 8, 2017. He correctly remembered that his injury occurred in the third quarter of the game when the score was 24 to 10. He was running downfield to tackle a returner. For some reason, two straps on his helmet were loose. As he approached the runner, he was accidentally struck in the right orbit area by a teammate's knee. That player was also attempting to tackle the opposing player. He remembered the pain of the hit and then next remembered that he was face down on the field. He felt "dazed, foggy, like it was an out-of-body experience." He was able to get up on his own but noted that he was bleeding. He was able to walk to the sideline but could not remember whether someone else walked with him. He was taken into the tent and examined. The cut over his right eyelid was glued. However, he was then taken to the locker room for further assessment where it was determined that he had sustained a concussion. Jamize remembered that he wears a Riddell helmet but does not remember the model. He was wearing his custom dental mouthguard.

Jamize watched the game and then showered. By this time, he had a headache "all over" and a throbbing pain in his right temple. He became nauseous and felt dazed. His wife drove him home after the game and he experienced the same symptoms when he was there. He went to bed at 8 p.m. which is early for him but woke again at 10 p.m. He was unable to fall back to sleep until 4 a.m. He got up this morning at 8 a.m. He reported that he has a continuing but lessening headache, continuing but less throbbing pain over his right eye. His eye was more swollen. He also noted pain when his car went over bumps in the road or when he was walking up or down stairs. He stated that shaking his head "hurts my brain."

In retrospect, Jamize feels that he might have had "minor concussions" earlier in the year, particularly in the preseason game against Dallas and on one other occasion during summer training camp. He stated that his current concussion is the worse that he has had since his NFL rookie year.

Examination Findings: Mr. Olawale was given the ImPACT test to update baseline testing done in April 2016. In comparing today's results to those, this player has poorer scores in visual memory, visual motor speed, reaction time, and total symptom scores. Today, he was also administered the Trail Making Test. On Part A, his score was at the 20th percentile; on Part B, it was at the 50th percentile. Neither of the above scores indicate this player has returned to baseline neuropsychological levels.

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JO-00703

NFL NEUROPSYCHOLOGICAL CONSULTATION REPORT

RE: JAMIZE OLAWALE

2

10/9/2017

Clinical Impression: Jamize Olawale sustained a concussion during a home game versus Baltimore on October 8, 2017. Results of current ImPACT testing completed today indicated that he has not yet returned to premorbid neuropsychological baseline levels.

Recommendation: Jamize Olawale is recovering from the concussion he sustained yesterday, October 8, 2017. At this point, he has been advised to rest for the remainder of the day. He may also ice his right eyebrow to keep the swelling down. If any change in his condition occurs, he has been instructed to contact either the Head Trainer or myself. He will report to the training facility tomorrow.

Thank you for the opportunity to evaluate this player.

Thomas R. Hardey, PhD, FACPN

Neuropsychology Consultant to the Oakland Raiders

TRH:cenIntrans/cbr

cc: Rod Martin, MS, Head Athletic Trainer
Navdeep Singh, MD, Team Physician

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JO-00704



PLAYER
Olawale, Jamize
 EXAMINER
Cortez, Chris
 ALTERNATE ID
39374

ASSESSMENT
Post Injury (SCAT5 NFLv2)
 TEAM
OAK
 DECISION
NoGo

ASSESSMENT DATE
10/08/2017
 PLAYER #
49

Red Flags

Reported Red Flags

Severe or increasing headache

Incident Details

When did the evaluation occur?	10/08/2017
When did the injury occur?	10/08/2017
Injury occurred during?	Game
How was the injury identified?	ATC Spotter
Was a penalty called?	Penalty Not Called
Other circumstances?	NA
What was the mechanism of injury?	Ground to Head

Observable Signs

How was the incident observed?	Video
Lying motionless on the playing surface?	No
Balance/gait difficulties/motor incoordination: stumbling, slow/labored movements	No
Disorientation or confusion, or an inability to respond appropriately to questions?	No
Blank or vacant look?	No
Facial injury after head trauma?	Yes

Maddock's Scores

Where are we?	Yes
What quarter is it right now?	Yes
Who scored last in the practice / game?	Yes
Who did we play last game?	Yes
Did we win the last game?	Yes

Score 5 of 5

GCS Scores

Eye Response (E)	4 of 4
Verbal Response (V)	5 of 5
Motor Response (M)	6 of 6

Score 15 of 15

Cervical Spine Assessment

Does the athlete report that their neck is pain-free at rest?	No
If there is NO neck pain at rest, does the athlete have a full range of ACTIVE pain-free movement?	No
Is limb strength and sensation normal?	Yes

Symptom Severity

Headache	6 of 6
Pressure in Head	4 of 6
Neck Pain	0 of 6

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This information was acquired from the X2 NAT assessment tool and may be used to assist in critical decision making. However, the clinical utility of the summary scores has not yet been established. The X2 NAT tool should not be used in isolation to make the diagnosis of concussion or in making return-to-play decisions.

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Page 1 of 2
JO-00705

Nausea or Vomiting	1 of 6
Dizziness	6 of 6
Blurred Vision	2 of 6
Balance Problems	0 of 6
Sensitivity to Light	1 of 6
Sensitivity to Noise	1 of 6
Feeling Slowed Down	2 of 6
Feeling in a fog	2 of 6
Don't feel right	5 of 6
Difficulty Concentrating	2 of 6
Difficulty Remembering	0 of 6
Fatigue or Low Energy	2 of 6
Confusion	0 of 6
Drowsiness	0 of 6
More Emotional (if applicable)	0 of 6
Irritability	0 of 6
Sadness	6 of 6
Nervous or Anxious	2 of 6
Trouble Falling Asleep (if applicable)	0 of 6
Do the symptoms get worse with physical activity?	N/A
Do the symptoms get worse with mental activity?	N/A
If 100% is feeling perfectly normal, what percent of normal do you feel?	50
If not 100%, why?	Throbbing headache and dizziness

Score **42 of 132**

All SAC Scores

What month is it?	Yes
What is the date today?	Yes
What is the day of the week?	Yes
What year is it?	Yes
What time is it right now? (within an hour)	Yes
Word Recall	14 of 30
Set:	
Trial 1: True True True False False True False False False False	
Trial 2: True True False False False True False False True True	
Trial 3: True True False False False True False False True True	
Digits Backwards	4 of 4
Set:	
Trial: No Yes Yes Yes Yes	
Months Backwards	Yes
Delayed Word Recall	4 of 10
Set: Yes Yes No No No Yes No No Yes No 05:19	

Score **28 of 50**

Neurological

Can the patient read aloud and follow instructions without difficulty?	Yes
Does the patient have a full range of pain-free PASSIVE cervical spine movement?	Yes
Without moving their head or neck, can the patient look side-to-side and up-and-down without double vision?	Yes

Tandem Gait

Tandem Gait Trial 1
Tandem Gait Trial 2
Tandem Gait Trial 3

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This information was acquired from the X2 NAT assessment tool and may be used to assist in clinical decision making. However, the clinical utility of the summary scores has not yet been established. The X2 NAT tool should not be used in isolation to make the diagnosis of concussion or in making return-to-play decisions.

Private and Confidential

Page 2 of 3
JO-00706

Tandem Gait Trial 4

Coordinated Finger to Target

Coordinated Finger to Target

timer:0,score:4

Balance Score

Is athlete able to perform test?	Yes
Which is athlete's NON-DOMINANT foot? (opposite of the foot used for kicking a ball)	L
What footgear is the athlete using?	Barefoot
Double Leg Errors	0 of 10
Single Leg Errors	2 of 10
Tandem Leg Errors	2 of 10
Score	4 of 30

Note: Summary scores should not be used for clinical decision-making because the validity and accuracy of the scores has not yet been determined.

Summary

Symptom Score	14 of 22
Symptom Severity	42 of 132
All SAC Scores	28 of 50
Maddock's Score	5 of 5
GCS Scores	15 of 15
Balance Score	4 of 30

**No Signature
Available**

Examiner

**No Signature
Available**

Athlete

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Private and Confidential

Page 3 of 3

JO-00707

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CECILIA M. HARDEY, Ph.D.
PSY12337

**NFL NEUROPSYCHOLOGICAL
CONSULTATION REPORT**

Player Name: Jamize Olawale
Team: Oakland Raiders
Date of Injury: 10/8/2017
Date of Consult: 10/13/2017

History of Injury: Jamize Olawale is a fullback for the Oakland Raiders who was injured in a game on October 8, 2017. He sustained a concussion and has continued to be followed by myself and the medical staff at the Oakland Raiders.

Current Status: I spoke with Jamize today. He indicated that he continues to have headache, swelling in his right temple, a feeling of pressure in his head, and a sensitivity to both light and sound. He noted that he has been attending team meetings but finds it harder to concentrate and to focus. He has similar difficulties when he goes home. However, he did report that he is sleeping okay, and his appetite is good. He understands that he will not be playing this week's game versus the Chargers.

I also spoke with Trainer Chris Cortez who noted that Mr. Olawale has been symptomatic for the entire week. His taking the ImPACT test again was delayed because of these ongoing symptoms.

Test Results: The ImPACT was, again, administered to Jamize. While his overall scores are continuing to improve and to approach baseline levels, his reported symptoms remain high (18). He is not yet cleared neuropsychologically.

Recommendation: Jamize has not yet returned to baseline neuropsychological levels as indicated by the ImPACT test and his clinical presentation. He is not released to any contact activities. He does understand that he will not play in this week's game against the Chargers.

Plan: Mr. Olawale will be seen for a follow-up interview on Monday, October 16, 2017, at either 8 a.m. or 11 a.m. Chris Cortez will advise me as to which time this player will be coming in.

Thank you for the opportunity to evaluate this player.

Thomas R. Hardey, PhD, FACPN
Neuropsychology Consultant to the Oakland Raiders
TRH:cenltrans/cbr

cc: Rod Martin, MS, Head Athletic Trainer
Navdeep Singh, MD, Team Physician

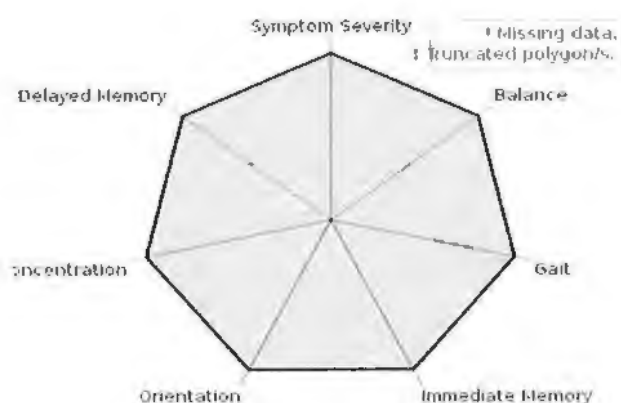
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JO-00708



Assessment - Jamize Olawale Administered: 06-10-2019

Baseline Assessment											
TYPE	DATE	SYMPTOM SEVERITY	SAC	TANDEM GATE (TIAL AVG)	BESS (ERRORS)	TRAILS A (SEC)	TRAILS B (SEC)	PROCESSING SPEED (# CORRECT)	SIMPLE RT (MSEC)	CHOICE RT (MSEC)	VISUAL ACUITY (LINE DIFF)
Baseline	2019-06-10	18	44/50	18.66	1	no data	no data	no data	no data	no data	no data



Baseline: 06/10/2019

NFL Player Id: 39374

Affiliate: Dallas
Device: Dallas Team User 3

App Version: 3.5.3

Duration: 16:43
Administrator: Jim Maurer

Comment: No associated comments for this athlete

Notes: GSC: Neck pain worse with physical activity Headache and anxiety get worse with some mental activities

JO-00709

GSC Symptom Scores							
	NONE	MILD	MODERATE	SEVERE			
Key							
Headache	0	1	2	3	4	5	6
'Pressure in head'	0	1	2	3	4	5	6
Neck Pain	0	1	2	3	4	5	6
Nausea or vomiting	0	1	2	3	4	5	6
dizziness	0	1	2	3	4	5	6
Blurred vision	0	1	2	3	4	5	6
Balance Problems	0	1	2	3	4	5	6
Sensitivity to light	0	1	2	3	4	5	6
Sensitivity to noise	0	1	2	3	4	5	6
Feeling slowed down	0	1	2	3	4	5	6
Feeling like 'in a fog'	0	1	2	3	4	5	6
'Don't feel right'	0	1	2	3	4	5	6
Difficulty concentrating	0	1	2	3	4	5	6
Difficulty remembering	0	1	2	3	4	5	6
Fatigue or low energy	0	1	2	3	4	5	6
Confusion	0	1	2	3	4	5	6
Drowsiness	0	1	2	3	4	5	6
Trouble falling asleep(if applicable)	0	1	2	3	4	5	6
More emotional	0	1	2	3	4	5	6
Irritability	0	1	2	3	4	5	6
Sadness	0	1	2	3	4	5	6
Nervous or anxious	0	1	2	3	4	5	6

Symptom Evaluation	
Mode of Entry:	Subject self-administered
Do the symptoms get worse with physical activity?	Yes
Do the symptoms get worse with mental activity?	Yes
Overall Rating	100

SAC Scores	
Orientation	5/5
Concentration	5/5
Immediate Memory	26/30
Delayed Memory	8/10
Time Since Immediate Memory	9 min 43 sec
Read Aloud	true
Pain Free Movement	true
Double Vision	true
Finger To Nose	true

Tandem Gait Task	
Time(Avg good trials)	18.66
Number of trials(good/total)	4/4

C3 Balance Evaluation	
Knee or Ankle Injury	No
Braces Used	No
Dominant Foot	Right
Footwear	Socks (preferred)

C3 Balance Tests	
STANCE	ERROR COUNT
Double Leg Eyes Closed	0
Single Leg Eyes Closed	1
Tandem Eyes Closed	0

JO-00710

1/3/2020 5:33 PM FROM: Fax Texas Neurology PA TO: 972494616 PAGE: 62 OF 624
Patient Name: Olawale, Jamize, DOB: 04/17/1990, Account No: 326603



**TEXAS
NEUROLOGY**
2010 TEXAS PROVIDER PROVIDER
OF NEUROLOGY SERVICES

Olawale, Jamice

30 Y old Male, DOB: [REDACTED]
Account Number: [REDACTED]

Guarantor: Olawale, Jamice Insurance: Self Pay
Appointment Facility: Texas Neurology PA

01/03/2020

Progress Notes: Alan W. Martin, MD

Current Medications

Taking
a None

Past Medical History

Concussions.

Surgical History

Oral Surgeries

Family History

No family history of migrane.

Social History

Smoking Are you a nonsmoker.

Allergies

Sunscreen

Review of Systems

History Questionnaires

Weight change: No. Hacking loss: No. Heart palpitations: No. Difficulty swallowing: No. Scurfew: No. Loss of vision: No. Shooting leg pain: No. Shooting arm pain: No. Depression: Yes. Rash: No. Blood transfusion: No. Diabetes: No. Numb/Seasonal allergies: No. Difficulty urinating: No. Sleep problems: No. Memory problems: Yes. HIV exposure: No. Hand/disease: Right.

Headache Questionnaire:

When do you generally experience your headache(s)? Generalized. What type of headache do you experience? Dull. When do your headaches generally occur? Constant. How severe are your headaches? Mild. When did your headaches first start? 20s. How are your headaches relieved? Rest. What worsens or triggers your headaches? Exercise. Have you had any previous head injury? Yes. Recent eye exam within 3 months? No.

Reason for Appointment

1. Headaches/Issues related to Concussions

History of Present Illness

He:

The patient is a 30-year-old male whom I was asked to see in neurologic consultation with headache and history of concussions. He is a professional football player in the NFL in place low-back and describes that he gets hit in the head frequently while blocking. He had occasional headaches in childhood and adolescence but they were not severe and occurred only rarely without other migrainous features. He described his first concussion at occurring around age 8 or 9. He played football his whole life. He says that he's had multiple concussions. His last diagnosed concussion was 2017, when he had headache with light sensitivity and early cognitive symptoms. Symptoms resolved within about a week and he returned to playing, but he has noted increased intermittent headaches since then. He noted headaches increased to 4 or 5 times a week in August of 2019 when he went to training camp. He describes having had multiple concussive-type symptoms throughout his professional career that he did not report. He would have symptoms with head trauma with transient symptoms of being dazed with ringing in the ear and mild headache, which resolved within minutes. He had other episodes which lasted longer, but he did not report. His headaches throughout the season were dull and nonfocalized. He occasionally would have nausea but no light sensitivity or noise sensitivity, or fuzzy headedness. Activity could exacerbate symptoms when he had a headache and sugar could exacerbate a headache. Sleep diminished headache. He did not have any visual distortions, light sensitivity, focal weakness, focal numbness, or vomiting. He did not have a unilateral pounding headache. He was concerned about subtle cognitive symptoms such as decreased concentration or momentary mental blocking. He has no family history of migraine. He feels that most of his headaches have occurred throughout his life in the past 2 years after his concussion 2017..

Depression Screening:

PHQ-9 Thoughts that you would be better off dead, or of hurting yourself in some way? Not at all, Total Score: 5, interpretation: Mild Depression. Intervention: Additional Evaluation for Depression: Initial psychiatric evaluation. PHQ-2 (2015 Edition) Little interest or pleasure in doing things? Several days. Feeling down, depressed, or hopeless? Several days. Total Score: 2.

Vital Signs

Blood pressure (BP) 134/81. Heart rate 72. Respiratory rate (RR) 20. Temperature 98.2. Weight (Wt) 240 lb 0 oz. Height (Ht) 6 ft 0 in. Body mass index (BMI) 32.55.

Examination

Neurological Examination:

General appearance: Healthy appearing patient in no acute distress. Mental Status: Awake, alert, and oriented with normal language, memory, attention, concentration, and fund of knowledge. No hallucinations/delusions. Mood and affect are appropriate. Cranial nerves: II, Pupils are equal, round reactive to light. Visual fields are full to confrontation testing. III, IV, VI, Extraocular movements are intact. No nystagmus. No ptosis. V, symmetrical. Facial sensation VII, No facial asymmetry. VIII, Hearing is intact. IX, X, Uvula is midline. Palate elevates symmetrically. XI, Sternocleidomastoid and trapezius are normal and symmetrical. XII, tongue is midline without atrophy or fasciculations. Motor: Strength is 5/5 proximally and distally. Normal muscle bulk and tone. No abnormal movements. Reflexes: DTRs are normal and symmetrical without pathological reflexes. Plantar response: Normal flexor. Sensory: Normal and symmetrical to pinprick, light touch, and vibration sensation in the upper and lower extremities. Coordination: Finger to nose and heel

To: Fowler,Robert (CC Mauger, JRM), Subject: Progress Notes, From: 972 497 4616. SentDate: Jan 03 2020 05:32:20 page 1/3 of 10 pages

JO-00711

movements were normal. Romberg Negative. Gait: Smooth and narrow based. Cardiovascular: Heart regular rate and rhythm. Cardiac no bruits. No distal edema. Eye: No papilledema.
He can tandem gait in stand on each foot individually with his eyes closed.

Assessments

1. Other headache syndrome - G44.89 (Primary)
2. History of multiple concussions - Z87.820

The patient has a headache syndrome which could be chronic migraine but could also be related to his history of multiple concussions and episodes of unreported concussive-type symptoms. The headaches have certainly worsened since his last concussion in 2017 and increased in frequency in August when he resumed recurrent helmet contact activity.

Treatment

1. Other headache syndrome

IMAGING: MRA INTRACRANIAL

IMAGING: MRI BRAIN WWO

Notes: Observe headache pattern over the next 6 weeks without further helmet contact required during the off-season

Discussed giving him a subcutaneous CGRP inhibitor to see if this is a treatable chronic migraine and that he wanted to defer this. Another option would be a one-week tapering course of nortriptyline.

I like for him to get detailed neuropsychological testing and comparison to baseline studies to look for any evidence of cognitive decline or cognitive symptoms which might be related to recurrent concussion

MRI brain looking for any structural disorder that might cause headache as well as to exclude subdural, shear injury, etc. and

MRA intracranial to exclude aneurysm or other vascular anomaly

Follow up with me in 6 weeks to reassess her headache pattern and review results of the MRI and neuropsychological testing.

2. Others

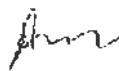
Notes: Healthy living material was published to portal.

Preventive Medicine

Counseling: BMI care goal follow up plan. Above Normal BMI Follow-up Lifestyle education regarding diet.

Follow Up

6 Weeks



Electronically signed by Alan Martin, MD on 01/03/2020 at 05:31 PM C81

Sign off status: Completed

2/6/2020 4:37 PM FROM: Fax Texas Neurology PA TO: 9724974616 PAGE: 002 OF 004
Patient Name: Olawale, Jamize, DOB: 04/17/1989, Account No: 328003



**TEXAS
NEUROLOGY**
NORTH TEXAS PROVIDER PARTNER
OF NEUROLOGY SERVICES

Olawale, Jamize

30 Y old Male, DOB [REDACTED]
Account Number [REDACTED]

Guardian: Olawale, Jamize Insurance: NFL Dallas Cowboys Payer ID: PRIN
Appointment Facility: Texas Neurology PA

02/06/2020

Progress Note: Alan W. Martin, MD

Current Medications

Taking

• None

• Medication List reviewed and reconciled with the patient

Past Medical History

Concussions.

Surgical History

Oral Surgery

Family History

No family history of migraine.

Social History

Smoking: Are you a: nonsmoker, Additional Findings:
Tobacco Non-User Current non-smoker.

Allergies

Sunscreen

Hospitalization/Major Diagnostic

Procedure

Denies Past Hospitalization

Review of Systems

History Questioning

Weight change: No. Care Plan: NA. Hearing
loss: No. Heart palpitations: No. Difficulty
swallowing: No. Seizure: No. Loss of vision: No.
Shooting leg pain: No. Shooting arm/leg: No.
Depression: No. Rash: No. Blood transfusion: No.
Diabetes: No. Nasal/Seasonal allergies: No. Difficulty
urinating: No. Sleep problems: No. Memory
problems: Yes. Faint: NA. HIV exposure: No.
Headaches: Right.

Reason for Appointment

1. Headaches

History of Present Illness

Hx:

The patient returns an MRI of the brain and MRA Intracranial were normal. He is getting one or 2 generalized mild headaches a week. They are not provoked by exercise or working out. He does not have localized pain, nausea, light sensitivity, focal neurologic symptoms, or other migrainous features. He does not need to take any medicine as an ache typically last less than a day. The headaches have not resolved after the football season, although he did feel like he had more frequent headaches when he was involved in full contact during the season.

Previous history: He is a professional football player in the NFL who is a full back and describes that he gets hit in the head frequently while blocking. He had occasional headaches in childhood and adolescence but they were not severe and occurred only rarely without other migrainous features. He described his first concussion at occurring around age 8 or 9. He played football his whole life. He says that he's had multiple concussions. His last diagnosed concussion was 2017, when he had headache with light sensitivity and early cognitive symptoms. Symptoms resolved within about a week and he returned to playing, but he has noted increased intermittent headaches since then. He noted headaches increased to 4 or 5 times a week in August of 2019 when he went to training camp. He describes having had multiple concussive-type symptoms throughout his professional career that he did not report. He would have symptoms with head trauma with transient symptoms of being dazed with ringing in the ear and mild headache, which resolved within minutes. He had other episodes which lasted longer, but he did not report. His headaches throughout the season were dull and nontocalized. He occasionally would have nausea but no light sensitivity or noise sensitivity, or fuzzy headedness. Activity could exacerbate symptoms when he had a headache and sugar could exacerbate a headache. Sleep diminished headache. He did not have any visual distortions, light sensitivity, focal weakness, focal numbness, or vomiting. He did not have a unilateral pounding headache. He was concerned about subtle cognitive symptoms such as decreased concentration or momentary mental blocking. He has no family history of migraine. He feels that most of his headaches have occurred throughout his life in the past 2 years after his concussion 2017..

Depression Screening:

PHQ-2 (2015 Edition) Little interest or pleasure in doing things? Several days. Feeling down, depressed, or hopeless? Several days.

Vital Signs

Blood pressure (BP) 132/63, Heart rate 64, Respiratory rate (RR) .. Temperature 97.0, Weight (WT) 240 lbs, Height (HT) 6'0", Body mass index (BMI) 32.55.

Examination

Neurological Examination:

General appearance Healthy appearing patient in no acute distress. Mental Status: Awake, alert, and oriented with normal language, memory, attention, concentration, and fund of knowledge. No hallucinations/delusions. Mood and affect are appropriate. Cranial nerves: II, Pupils are equal, round reactive to light. Visual fields are full to confrontation testing. III, IV, VI, Extraocular movements are intact. No nystagmus. No ptosis. V, symmetrical. Facial sensation VII, No facial asymmetry. VIII, Hearing is intact, IX, X, Uvula is midline. Palate elevates symmetrically. XI, Sternocleidomastoid and trapezius are normal and symmetrical. XII, tongue is midline without atrophy or fasciculations. Motor: Strength is 5/5 proximally and distally.

JO-00713

2/6/2020 4:37 PM FROM: Fax Texas Neurology PA TO: 9724974616 PAGE: 003 OF 004
Patient Name: Olawale, Jamize, DOB: 04/17/1989, Account No: 329603

Normal muscle bulk and tone. No abnormal movements. Reflexes: DTRs are normal and symmetrical without pathological reflexes. Sensory: Normal and symmetrical to temperature and vibration sensation. Coordination: Finger to nose and leg movements were normal. Gait: Smooth and narrow based. Cardiovascular: Heart regular rate and rhythm. Carotids no bruits. No distal edema. Eye: No papilledema.
Spontaneous venous pulsations were seen with sharp optic discs.

Assessments

1. Other headache syndrome - G44.89 (Primary)
2. History of multiple concussions - Z87.820

The patient has a headache syndrome which could be chronic migraine but could also be related to his history of multiple concussions and episodes of unreported concussive-type symptoms. He does not have other ongoing cognitive or concussion type symptoms, but there remained a concern that his headache frequency increases during the season with contact.

Treatment

1. Other headache syndrome

Notes: Continue to observe the headache pattern during the off-season without further helmet contact

Discussed again giving him a subcutaneous CGRP inhibitor to see if this is a treatable chronic migraine and that he wanted to defer this, which is reasonable. Another option would be a one-week tapering course of naratriptan.

I requested results of detailed neuropsychological testing
MRI brain and MRA intracranial results normal and reviewed with patient

We reviewed the uncertainty as to whether these are a form of chronic migraine or possibly related to repetitive head trauma and monitor his headache pattern, particularly if he has any change in headache frequency or severity if he returns to play in the future.

2. History of multiple concussions

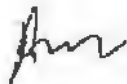
Notes: We have reviewed the issues of multiple concussions and headaches.

3. Others

Notes: Healthy living material was published to portal.

Follow Up

pm



Electronically signed by Alan Martin, MD on 02/06/2020 at 04:36 PM CST

Sign off status: Completed

Texas Neurology PA
6301 Gaston Avenue
Suite 100 West Tower



Erin Reynolds, Psy.D.
Director, Baylor Scott & White
Sports Concussion Program
3800 Gaylord Parkway, Suite 830
Frisco, TX 75034
469.800.5720

February 11, 2020
Patient: Jamize Olawale
DOB: [REDACTED]
Referred by: Dr. Alan Martin

Subjective: Jamize Olawale is a 30-year-old male who plays fullback for the Dallas Cowboys. He was referred to me by neurologist Dr. Alan Martin, whom he has recently seen for an evaluation of headaches. Jamize first reported headaches to his athletic trainer on 12/30/19. He reports noticing headaches this year while driving to training camp or when he would wake up from a nap. He notably denies sustaining any concussions during this time but notes that his position does sustain multiple hits to the head on a frequent basis. If he had a headache before camp, his headache would intensify with hitting drills. Sometimes lifting heavy weights will increase headaches as well, but typically not running. He reports that exercise typically does not cause headaches. He is not triggered by visual work, but visual work will increase an existing headache. He does not treat these headaches and is now interested in understanding the etiology and treating as needed.

Jamize reports sustaining multiple hits through the 2019-2020 season, with four to five hits standing out as more significant. He reports experiencing on-field dizziness with disorientation and confusion following those hits, but he did not report any of these injuries and continued to play through. He reports many additional hits sustained throughout the year. Jamize also reports that he started having more frequent headaches following a 2017 concussion he sustained while playing for the Oakland Raiders. He cannot pinpoint any triggers for these headaches and notes that they are typically minor in nature (1-2/10 in intensity).

Jamize lives with his wife and three children ages 8, 6, and 5. He notes that his wife is concerned about ongoing symptoms, particularly memory deficits, changes in mood, and ongoing headaches.

Current Symptoms:

Physical: Headaches, weekly. Some episodes of random dizziness (more slow, wavy in nature, lightheaded). Fogginess at times.

Sleep: WNL

Cognitive: Difficulty concentrating, retaining information, loses train of thought during conversations. Denies difficulty learning new plays.



Mood: More irritable, increased anger.

Biopsychosocial History:

Education: The patient reported completion of 16 years of education.

History of ADHD - No.

History of learning disability - No.

History of being held back in school - No.

ImPACT baseline - yes (2010)

Personal history:

Concussion - 10/8/17 is the only diagnosed concussion, but he notes that he has likely sustained many other undiagnosed concussions over time. He was treated for the 2017 concussion while playing for the Oakland Raiders and entered the RTP protocol 8 days post-injury. He reports symptoms including dizziness, light and noise sensitivity, and headaches with that injury. All symptoms abated except for headaches.

Headaches/Migraines - Yes -see above for detailed history.

Motion Sickness - No.

Ocular Dysfunction - No.

Anxiety/Depression - No.

Family history:

Headaches/Migraines - No.

Motion Sickness - No.

Ocular Dysfunction - No.

Anxiety/Depression - No.

TESTING

ImPACT: ImPACT scores fell within reliable change of baseline 2010 baseline across cognitive domains.

Composite	Percentile	Range
Verbal Memory	97th	superior
Visual Memory	65th	average
Processing Speed	73rd	average
Reaction Time	93rd	superior



Baylor Scott & White
 SPORTS CONCUSSION PROGRAM
 AT THE STAR
A member of Baylor Scott & White Health



PCSS:

The PCSS score ranges from 0-132 with higher scores reflecting report of greater symptom severity.

	Pre-Test	Post-Test
PCSS	20	17

C3Logix:

SAC: 39/50

Test	Score	50th % Norm
SAC	39/50	26
BESS	2 errors	13
Trails A	25.2 sec	24.4
Trails B	39.0 sec	47.1
Processing Speed	61	56
Simple RT	288	283
Choice RT	381	430

VOMS:

	Headache	Dizziness	Nausea	Fogginess	Comments	Total	Change Score
Baseline (1-10)	1	0	0	0		1	
Smooth Pursuits	1	0	0	0		1	0
Horizontal Saccades	1	1	0	0		2	1
Vertical Saccades	1	0	0	0		1	0
NPC	1	0	0	0	1: 4 2: 4 3: 5	1	0
Horizontal VOR	1	0	0	0		1	0
Vertical VOR	1	0	0	0		1	0
Visual Motion Sensitivity (VMS)	1	1	0	0		2	1

JO-00717



Impression: Based on this evaluation, Jamize Olawale has had ongoing headaches following a 2017 concussion and may have sustained several concussions this season that he did not report. Neurocognitive test scores are within reliable change of 2010 baseline data and consistent with clearance data collected in 2017. Data collected from C3Logix was either consistent with baseline or within expectation. VOMS was WNL; however, Jamize was administered a Dynamic Visual Acuity Test (DVAT) which revealed significant gaze instability as noted by a loss of 8 lines when compared to static visual acuity (expected values for DVAT are 1-2 line loss). He also exhibited positive left Head Impulse Test which indicates left peripheral hypofunction. Pursuits and saccades were within functional limitations although they did provoke mild dizziness with increased repetitions. These findings, in combination with subjective reports, may indicate high functioning left chronic vestibular hypofunction with compensation through pursuit and saccadic systems. Jamize has compensated well for these deficits, but I do recommend treatment including exertional training followed immediately by vestibular rehabilitation. We can provide this service, but I will defer to Dr. Martin prior to initiating any further treatment.

Thank you for involving the Baylor Scott & White Sports Concussion Program in the care and evaluation of this patient.

Erin Reynolds, Psy.D.
Clinical Sports Neuropsychologist
Director, Baylor Scott & White Sports Concussion Program

Olawale, Jamize (MRN# 15707642) DOB: [REDACTED]

Encounter Date: 02/19/2020

Olawale, Jamize

MRN: 15707642

Orders Placed

None

Medication Changes

As of 2/19/2020
9:22 AM

None

Visit Diagnoses

Peripheral vertigo,
unspecified
H81.399

Office Visit

2/19/2020

Baylor Scott & White
Sports & Physical
Medicine Center at
The Star

Provider: Covert, Kayla, PT (Physical Therapy)

Primary diagnosis: Peripheral vertigo, unspecified

Progress Notes

Covert, Kayla, PT (Physical Therapist) • PMSR (Physical Medicine and
Rehabilitation) • 2/19/2020 9:00 AM • Signed

VESTIBULAR CONCUSSION PLAN OF CARE

Chief complaint: low intensity headaches

Date of injury: 12/30/2020

Referral source: Dr. Alan Martin

ICD 10: H81.3 Peripheral vertigo

Date of initial PT evaluation: 02/19/2020

GOALS

- Decrease Dizziness Handicap Inventory score from 24/100 to 14/100 to indicate decreased subjective report of dizziness with activities of daily living
- Decreased sensitivity to oculomotor and optokinetic activities as noted by the patient's ability to read for >60 minutes with less than 1/10 headache to indicate improved tolerance to ocular tasks and progress towards baseline function
- 75% or greater compliance with home exercise program
- Tolerate 60 min of moderate intensity physical activity without report of dizziness to indicate improved autonomic and cardiovascular tolerance to exercise
- Loss of 3 lines on DVAT to indicate improved accuracy of Vestibulo-Ocular Reflex

Long term goals

- Score of 10 or less on Dizziness Handicap Inventory to indicate minimal dizziness with daily activities
- Asymptomatic with vestibular/ocular testing to indicate absence of symptoms with vestibular testing
- Less than 2 line loss on DVAT to indicate a normal functioning Vestibulo-Ocular Reflex
- Tolerate one hour of high intensity physical activity to replicate sport scenario
- Negative Head Impulse Test

TREATMENT PLAN

Printed by Ventura, Monica at 2/26/20 2:16 PM

Page 1 of 8

JO-00719

Olawale, Jamize (MRN# 15707642) DOB: [REDACTED]

Encounter Date: 02/19/2020

May include but not limited to: physical therapy evaluation, re-evaluation, eye-head activities, balance activities, ambulation program, canlith repositioning, optokinetic training, therapeutic exercises, and coordination of care with other healthcare providers, patient education/home exercise program instruction.

FREQUENCY/DURATION

1x per week for 8 weeks

Plan of care expires: 4/10/2020

DISCHARGE PLANS

Reviewed and discussed discharge plan with patient. Patient/parent aware and agreeable to plan of care.

Plan developed and implemented by Kayla Covert PT, DPT, NCS on 02/19/2020

Progress Notes

Covert, Kayla, PT (Physical Therapist) • PM&R (Physical Medicine and Rehabilitation) • 2/19/2020 9:00 AM

Cosign/Needed

CONCUSSION VESTIBULAR PHYSICAL THERAPY EVALUATION

This evaluation will be classified as moderate complexity due to 1-2 personal factors/comorbidities in patient's history, at least three limitations of body systems, and an evolving clinical presentation. Typical face-to-face time including coordination, consultation, and collaboration of care with physician, neuropsychologist, patient, and family is estimated to be 30 minutes.

Typical face-to-face time including treatment plus coordination, and collaboration of care with physician, neuropsychologist, patient, and parents is estimated to be 15 minutes. CPT codes utilized during session: 1 unit of neuromuscular re-education.

Referral source: Dr. Alan Martin and Dr. Reynolds
Date of initial PT evaluation: 02/19/2020

SUBJECTIVE

Age: 30
Gender: Male
Date of injury: 12/30/2019
What sports do you play? football

Reason for PT: Excerpt from neuropsych evaluation: "Jamize Olawale is a 30-year-old male who plays fullback for the Dallas Cowboys. He was referred to me by neurologist Dr. Alan Martin whom he has recently seen for an evaluation of headaches."

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Page 2 of 8

JO-00720

Olawale, Jamize (MRN# 15707642) DOB: [REDACTED]

Encounter Date: 02/19/2020

Jamize first reported headaches to his athletic trainer on 12/30/19. He reports noticing headaches this year while driving to training camp or when he would wake up from a nap. He notably denies sustaining any concussions during this time but notes that his position does sustain multiple hits to the head on a frequent basis. If he had a headache before camp, his headache would intensify with hitting drills. Sometimes lifting heavy weights will increase headaches as well, but typically not running. He reports that exercise typically does not cause headaches. He is not triggered by visual work, but visual work will increase an existing headache. He does not treat these headaches and is now interested in understanding the etiology and treating as needed.

Jamize reports sustaining multiple hits through the 2019-2020 season, with four to five hits standing out as more significant. He reports experiencing on-field dizziness with disorientation and confusion following those hits, but he did not report any of these injuries and continued to play through. He reports many additional hits sustained throughout the year. Jamize also reports that he started having more frequent headaches following a 2017 concussion he sustained while playing for the Oakland Raiders. He cannot pinpoint any triggers for these headaches and notes that they are typically minor in nature (1-2/10 in intensity).

Jamize lives with his wife and three children ages 8, 6, and 5. He notes that his wife is concerned about ongoing symptoms, particularly memory deficits, changes in mood, and ongoing headaches.

Headaches occur sporadically in the off season. Jamize is unable to state specific triggers or times of occurrence. His last headache was a few days ago after working on tax prep for an hour. During season, headaches are present when he wakes from a nap during training camp. They are diffuse and low intensity in nature. Jamize also reports onset of headaches during long flights that started about a few years ago. Those headaches that he suffers during the flights are "pounding" in nature.

Jamize admits to avoiding quick head movements and likes to hang out in dark rooms. He has also observed changes to his speech including stumbling on words and long pauses within conversations.

PT Diagnosis/ICD 10 code: H81.3 peripheral vertigo
Loss of consciousness: No
Retrograde amnesia: No
Presence of dizziness immediately following injury: Yes
Fencing reaction present: No

Factors for Prolonged Recovery

Presence of Strabismus and/or Amblyopia: No
Family history of Strabismus and/or Amblyopia: No
Personal history migraines: No
Family history of migraines: No
Previous concussions: Yes

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Page 3 of 8

Olawale, Jamize (MRN# 15707642) DOB: [REDACTED]

Encounter Date: 02/19/2020

10/8/17 is the only diagnosed concussion, but he notes that he has likely sustained many other undiagnosed concussions over time. He was treated for the 2017 concussion while playing for the Oakland Raiders and entered the RTP protocol 8 days post-injury. He reports symptoms including dizziness, light and noise sensitivity, and headaches with that injury. All symptoms abated except for headaches

History of motion discomfort: No
 History of anxiety/depression: No
 History of ADHD/ADD: No
 Family history of ADHD/ADD: No
 History of seizures: No

Current symptoms:

Headache: 0
 Best headache score: 0
 Worst headache score: 0

	No	Yes	Comment
Dizziness			
Complains of Motion discomfort			
Imbalance			
Neck pain			
Fogginess			
Sleep dysfunction	x		
Sleeping too much or too little?	x		Average 6-6.5 hours
Mental fatigue			
Photosensitivity	x		
Phonosensitivity	x		
Hearing changes		x	Tinnitus with intense hits
Vision changes	x		No accommodation; sees optometrist regularly

OBJECTIVE

There were no vitals taken for this visit.

Systems review:

Integumentary within normal limits.
 Cardiovascular within normal limits.
 Musculoskeletal within normal limits.
 Neurological within normal limits.

Dizziness descriptors: lightheaded, spinning

DHI score: 24/100

SIM-V/Migrainous vertigo questionnaire no

	NT	Normal	Abnormal	Symptoms	Comments

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Page 4 of 8

Olawale, Jamize (MRN# 15707642) DOB: [REDACTED]

Encounter Date: 02/19/2020

Smooth Pursuits		x			
Saccades		x			
Accommodation		x			
Convergence				Left (cm)	Right (cm)
Convergence Recovery				0	
Deviation present					
VOR x1		x		Irritability	120BPM, 30 sec
VOR Cx		x		Dizzy	50BPM

Alignment testing-TBA

Positional testing Indicated? No

Ocular range of motion: within normal limits.

Gaze evoked nystagmus: within normal limits

Gaze stability testing

Head Thrust Test: Positive

Clinical Dynamic Visual Acuity (cDVA) results: >2 lines 6 line loss

Clinical Dynamic Visual Acuity Symptoms: Dizziness/irritability

Cervical spine ROM: within normal limits.

	Normal	Abnormal	NT
Sharps Purser	x		
Lateral Shear	x		
Kick Test	x		

Modified Clinical Test of Sensory Integration and Balance

(CTSIB) Results: TBA

Balance testing	Firm surface	Foam surface	Symptoms
Eyes Open			
Eyes Closed			

ASSESSMENT

Patient presents with signs and symptoms indicative of peripheral vestibular hypofunction with severe gaze instability. Due to longevity of complaints (>1 year), patient may have uncompensated lingering vestibular deficits that could contribute to current presentation.

Patient would benefit from ongoing skilled neuromuscular re-education and therapeutic interventions in order to improve current complaints that impede patient's ability to complete activities of daily

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Page 5 of 8

JO-00723

Olawale, Jamize (MRN# 15707642) DOB: [REDACTED]

Encounter Date: 02/19/2020

living, schoolwork, and sports-related activities. Appropriate to continue 1x per week for 8 weeks.

GOALS

- Decrease Dizziness Handicap Inventory score from 24/100 to 14/100 to indicate decreased subjective report of dizziness with activities of daily living
- Decreased sensitivity to oculomotor and optokinetic activities as noted by the patient's ability to read for >60 minutes with less than 1/10 headache to indicate improved tolerance to ocular tasks and progress towards baseline function
- 75% or greater compliance with home exercise program
- Tolerate 60 min of moderate intensity physical activity without report of dizziness to indicate improved autonomic and cardiovascular tolerance to exercise
- Loss of 3 lines on DVAT to indicate improved accuracy of Vestibulo-Ocular Reflex

Long term goals

- Score of 10 or less on Dizziness Handicap Inventory to indicate minimal dizziness with daily activities
- Asymptomatic with vestibular/ocular testing to indicate absence of symptoms with vestibular testing
- Less than 2 line loss on DVAT to indicate a normal functioning Vestibulo-Ocular Reflex
- Tolerate one hour of high intensity physical activity to replicate sport scenario
- Negative Head Impulse Test

TREATMENT PLAN

May include but not limited to: eye-head activities, balance activities, ambulation program, canalith repositioning, optokinetic training, therapeutic exercise, modalities, and patient education/home exercise program instruction

DAILY TREATMENT NOTE

Subjective: Patient reports consistent low intensity headaches since 2017.

Objective: Refer to initial evaluation for objective findings. HEP created and reviewed with patient.

Assessment: Patient presents with ongoing vestibular dysfunction that warrants skilled vestibular physical therapy

Plan: Appropriate to continue PT 1x per week for 8 weeks

Instructions

Vestibular Exercises

Perform the following exercises that have been selected for you. Exercises need to be done DAILY 1-2x per day. A good tip is to complete your exercises during your athletics class in school. They may (and should) cause a small amount of dizziness, eye strain, or a

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Page 6 of 8

JO-00724

Olawale, Jamize (MRN# 15707642) DOB: [REDACTED]

Encounter Date: 02/19/2020

headache. Your symptoms should not exceed 5/10. If they do, then take a break until your symptoms decrease to 2-3/10.

VOR x 1 - 3x per day

Place the OK sign at eye level and stand an arm length away from the wall. Slowly shake your head from side-to-side while you are focusing on the "OK" sign. Do not let the word blur or double while you are shaking your head. Next, practice shaking your head up and down (like you are slowly saying yes).

Duration: Medium size font, 3 sets of 60 seconds.
metronome @ 120BPM

Visual motion sensitivity - 3x per day

Stand with your feet shoulder distance apart. Hold your thumb out in front of you. Stare at your thumb while you slowly turn from side-to-side (big movement from left to right). Everything should move together (head, eyes, arm). Next, practice while moving up and down (move from the floor to the ceiling).

Duration: Metronome @ 40BPM, 2 sets of 10

After Visit Summary (Printed 2/19/2020)

Additional Documentation

Encounter Info Billing Info. History. Allergies. Detailed Report.
Reviewed this Encounter

Media

Physical Therapy - Office PT DHI 2/19/2020 2:25 PM

Other Encounter Related Information

Allergies & Medications
Problem List
History
Patient-Entered Questionnaires
Visit Diagnoses

Pharmacy Benefits

☆ OLAWALE, JAMIZE R - CIGNA PHARMACY SERVICES (DST PHARMACY SOLUTIONS)
Covered: Retail, Mail Order Unknown Specialty, Long-Term Care

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Page 7 of 8

Olawale, Jamize (MRN# 15707642) DOB: [REDACTED]

Encounter Date: 02/19/2020

Member ID: 000000061528891401 BIN: 017010
Group ID: PCN: 02150000
Group name:

DOB: [REDACTED]
Legal sex: M
Address: [REDACTED]

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Page 8 of 8

JO-00726

Olawale, Jamize (MRN# 15707642) DOB: [REDACTED]

Encounter Date: 02/26/2020

Olawale, Jamize

MRN 15707642

Office Visit

2/26/2020

Baylor Scott & White
Sports & Physical
Medicine Center at
The Star

Provider: Covert, Kayla, PT (Physical Therapy)
Primary diagnosis: Vestibular dizziness

Orders Placed

None

Medication Changes

As of 2/26/2020 1:45
PM

None

Progress Notes

Covert, Kayla, PT (Physical Therapist) • PM&R (Physical Medicine and
Rehabilitation) • 2/26/2020 9:00 AM • Signed

CONCUSSION VESTIBULAR THERAPY FOLLOW-UP

BILLING

Typical face-to-face time including treatment plus coordination,
and collaboration of care with physician, neuropsychologist,
patient, and parents is estimated to be 30 minutes. CPT codes
utilized during session: 2 units of neuromuscular re-education

Visit number: 2

SUBJECTIVE

Patient reports being headache-free for the past week, with the
exception of lightheadedness/mild head pressure that occurred
while performing reverse hypers during his workout this morning.
He denies dizziness or foggiess with his HEP, however, Jamize
admits that he was not as compliant with his HEP as
recommended. He endorses concern re. memory deficits and
asks several questions re. expectation of vestibular therapy on
memory function.

Medication changes: no

Compliant with home exercise program: 5-6x per week

Engaging in physical activity: Yes, describe: daily workouts as
part of off season regime

Hours slept last night: 5-6 hrs

OBJECTIVE

Dizziness: 0

Headache: 0

Lightheadedness: 0

Fogginess: 0

Nausea: 0

Fatigue: 0

Objective findings/T&M

Visit Diagnoses

Vestibular dizziness R42

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Page 1 of 4

JO-00727

Olawale, Jamize (MRN# 15707642) DOB: [REDACTED]

Encounter Date: 02/26/2020

Smooth pursuits:
Saccades: with 20 reps for each direction, asymptomatic, no blurred vision
VORx1: WFL at 120 BPM, no reports of blurring
Convergence:
R Accommodation:
L accommodation:
Clinical Dynamic Visual Acuity: 3 line loss, asymptomatic
VOR Cx: 50 BPM, mild dizziness with blurring at end of testing
Modified Clinical Test of Sensory Integration and Balance:

Positional testing: Not indicated
Dix-Hallpike:
Roll test:

Exercise flowsheet

	Description	Intensity/ duration	Symptom report
Oculomotor			
Gaze Stability	Small font OK sign	3x60 seconds	140 BPM
Optokinetic			
Vergence/accommodation			
Gait/Balance			
PT education			
Other:			

Time spent for each activity:

Oculomotor: Not performed
Gaze stability: 1-10 minutes
Optokinetics: Not performed
Vergence/Accommodation: Not performed
Gait/Balance: Not performed
PT Education: 1-10 minutes

ASSESSMENT and FOLLOW UP CARE

Home exercise program was Updated
Was physical therapy scheduled for next visit? yes

Additional recommendations made:

Patient completed neuromuscular re-education as noted on flowsheet. Jamize exhibits improved performance on DVAT which indicates improved response Vestibulo-ocular reflex during quick head movements. He was asymptomatic with oculomotor testing which also suggests improvement of vestibular system in response to prescribed exercises. Encouraged patient to comply with HEP frequency and discussed brain and memory games to improve perception of working memory (refer to neuropsych testing for complete neurocognitive assessment). Patient continues to remain symptom-free with exertion as supported by his post-report of symptoms after workouts.

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Page 2 of 4

Olawale, Jamize (MRN# 15707642) DOB: [REDACTED]

Encounter Date: 02/26/2020

PLAN

Patient is appropriate to continue with skilled neuromuscular re-education 1-2x per week for the remainder of this plan of care.

Other Notes

All notes

- ☒ Progress Notes from Comer, Kearra D, MA (PM&R (Physical Medicine and Rehabilitation))
- ☒ Progress Notes from Comer, Kearra D, MA (PM&R (Physical Medicine and Rehabilitation))

Instructions

After Visit Summary (Automatic SnapShot taken 2/26/2020)

Additional Documentation

Encounter Info: Billing Info, History, Allergies, Detailed Report, Reviewed this Encounter

Media

Clinic Note - S - Office CP Screen 2/26/2020 9:20 AM
Clinic Note - S - Office PCSS 2/26/2020 9:21 AM

Other Encounter Related Information

Allergies & Medications
Problem List
History
Patient-Entered Questionnaires
Visit Diagnoses

Pharmacy Benefits

☆ OLAWALE, JAMIZE R - CIGNA PHARMACY SERVICES (DST PHARMACY SOLUTIONS)
Covered, Retail, Mail Order Unknown Specialty, Long Term Care
Member ID: 000000061528891401 BIN: 017010 DOB: [REDACTED]
Group ID: PCN: 02150000 Legal sex: M
Group name: Address: 1016 DELACROIX DR
SOUTHLAKE TX 76092

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Page 3 of 4

Olawale, Jamize (MRN# 15707642) DOB: [REDACTED]

Encounter Date: 04/29/2020

Olawale, Jamize

MRN: 15707642

Telemedicine

4/29/2020

Baylor Scott &
White Sports &
Physical Medicine
Center at The Star

Provider: Reynolds, Erin, PSYD (Clinical
Neuropsychology)

Primary diagnosis: Concussion without loss of
consciousness, subsequent encounter

Reason for Visit: Concussion

Orders Placed

None

Medication Changes

As of 4/29/2020 9:14 AM

None

Progress Notes

Reynolds, Erin, PSYD (Psychologist) • PM&R (Physical Medicine and
Rehabilitation) • 4/29/2020 9:00 AM • Signed

Billing:

-31 minutes of medical record review, clinical interview and
neurobehavioral status examination

Visit Diagnoses

Concussion without loss
of consciousness,
subsequent encounter
S06.0X0D

Subjective: Jamize Olawale is a 31 y.o. fullback for the Dallas Cowboys who was last seen for evaluation on 3/20/2020. At that time, he reported a significant decrease in daily headaches with one more significant headache that was not associated with activity or movement. My clinical conceptualization at that time was that he was likely experiencing intermittent post-traumatic migraine and we discussed the possibility of seeing Dr. Martin to discuss medication, which Jamize was not interested in at that time.

Jamize was referred back to me after disclosing to Dallas Cowboys Head Athletic Trainer Jim Mauer that his headaches have been under control but towards the end of March he had a few severe headaches. He reports that these headaches were more severe than his previous headaches and does not feel that they were related to the headaches he was seen for throughout the course of his treatment. He is unable to recall if the headaches were triggered by any activity or environmental stimulation. He has had occasional headaches of this magnitude in the past but not in some time. He reports that these headaches are bilateral/global in nature. Both times he experienced headaches he took aspirin, which helped.

Jamize has been working out regularly and that is going well. He denies any mild headaches or any other symptoms with those activities. In regard to stress/mood, he reports he has been experiencing markedly less stress than normal. He still has not returned to full hitting or in-person team workouts due to COVID-19, but reports that, other than the 2 headaches in March, he is doing well. He denies any vestibular-related symptoms at this time.

Olawale, Jamize (MRN# 15707642) DOB: [REDACTED]

Encounter Date: 04/29/2020

Impression: Jamize Olawale continues to do well at this time. His symptoms of concussion have abated completely and he is working out to his full ability with no dizziness or even mild headaches. I believe the two headaches he experienced in March are likely post-traumatic migraine in nature and we discussed this at length today. I do feel he may be a candidate for abortive headache medicine, but at this time he is not interested in learning more about that option. If he changes his mind, I will refer him back to Dr. Martin to have that conversation. In the meantime, he should continue to workout out, stay hydrated, eat regularly, and manage stress to the best of his ability. If headache become more frequent, or if mild headaches return once hitting practices start, I would like to see him back to discuss next steps.

Thank you for involving the Baylor Scott & White Sports Concussion Program in the care and evaluation of this patient.

Instructions

After Visit Summary (Automatic SnapShot taken 4/29/2020)

Additional Documentation

SmartForms: BSWH AMB PHQ9 AND C-SSRS
Encounter Info: Billing Info, History, Allergies, Detailed Report,
Reviewed this Encounter

Other Encounter Related Information

Allergies & Medications
Problem List
History
Patient-Entered Questionnaires
Visit Diagnoses

Pharmacy Benefits

☆ OLAWALE, JAMIZE R - CIGNA PHARMACY SERVICES (DST PHARMACY SOLUTIONS)
Covered: Retail, Mail Order Unknown: Specialty, Long-Term Care

Encounter Date: 04/29/2020

DOB: [REDACTED]
Legal sex: M
Address: [REDACTED]

Page 3 of 3

Olawale, Jamize (MRN# 15707642) DOB: [REDACTED]

Encounter Date: 03/20/2020

Olawale, Jamize

MRN 15707642

Reynolds, Erin, PSYD

Psychologist

PM&R (Physical Medicine and Rehabilitation)

Progress Notes

Signed

Encounter Date 3/20/2020

Billing: :

-31 minutes of medical record review, clinical interview and neurobehavioral status examination.

Subjective: Jamize Olawale is a 30 y.o. male was seen today via telemedicine. Based on the patient's report, he is feeling good. While he still does have some mild headaches at times, he denies any increase with physical activity other than with very heavy lifting, which he reports has occurred for a long time. He did wake up with a significant headache two weeks ago on a Sunday and is unable to identify any triggers for that headache (including any change in activity the day prior). He is working out four times week week and denies any symptom provocation with his regular workouts. He has been doing his vestibular home exercise program about four times per week and denies any symptom provocation with those exercises. At this point he reports that he is feeling better, but is wondering if that is because he is not currently hitting in practice. We discussed his headaches and I asked if felt they were significant enough to warrant medication. He is not interested in medication at this time, but will revisit that decision if headaches return once practice resumes. I explained to him that I would defer to Dr. Martin in that regard.

Impression: Based on this evaluation, Jamize Olawale's symptoms have continued to improve. While he is not currently participating in hitting drills, his overall headaches are better. We were unable to see Jamize in clinic today due to precautions secondary to COVID-19, but I have asked him to return to the clinic if headaches return/increase as he becomes more active and full hitting practices start. In terms of concussion, I do not feel that he is currently experiencing symptoms due to concussion and do not consider him higher risk at this time. As stated in previous documentation, his neurocognitive testing is consistent with previously collected data (including baseline data) as far back as 2010, suggesting no cognitive decline. Any perceived cognitive decline at this point is likely secondary to stress and not indicative of organic neurodegeneration. Some of Jamize's headaches are consistent with migraine and he may benefit from medication in the future to help manage the onset and frequency of these headaches. At this time I am clearing Jamize from my care. I will refer him back to Dr. Martin for any ongoing concerns, but would like to see him back to re-evaluate vestibular hypofunction should headaches return with full practices.

Thank you for involving the Baylor Scott & White Sports Concussion Program in the care and evaluation of this patient.

Electronically signed by Reynolds, Erin, PSYD at 3/20/2020 10:00 AM

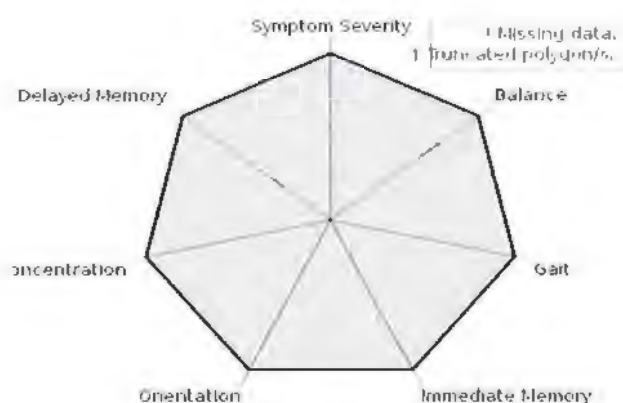
Telemedicine
on 3/20/2020

Olawale, Jamize (MRN 15707642) Printed by Sexton, Esmeralda [1136152] at 3/20/20 10... Page 1 of 1



Assessment - Jamize Olawale Administered: 07-28-2020

Baseline Assessment											
TYPE	DATE	SYMPTOM SEVERITY	SAC	TANDEM GATE (TRIAL AVG)	BESS (ERRORS)	TRAILS A (SEC)	TRAILS B (SEC)	PROCESSING SPEED (# CORRECT)	SIMPLE RT (MSEC)	CHOICE RT (MSEC)	VISUAL ACUITY (LINE DIFF)
Baseline	2020-07-28	8	38/50	25.46	2	no data	no data	no data	no data	no data	no data



Baseline: 07/28/2020

NFL Player Id: 39374

Affiliate: Dallas
Device: DAL_BSW_004

App Version: 3.6.2

Duration: 10:18
Administrator: Erin Reynolds

Comment: No associated comments for this athlete

Notes: There were no notes associated with this assessment.

JO-00734

GSC Symptom Scores							
	NONE	MILD	MODERATE	SEVERE			
Key							
Headache	0	1	2	3	4	5	6
'Pressure in head'	0	1	2	3	4	5	6
Neck Pain	0	1	2	3	4	5	6
Nausea or vomiting	0	1	2	3	4	5	6
dizziness	0	1	2	3	4	5	6
Blurred vision	0	1	2	3	4	5	6
Balance Problems	0	1	2	3	4	5	6
Sensitivity to light	0	1	2	3	4	5	6
Sensitivity to noise	0	1	2	3	4	5	6
Feeling slowed down	0	1	2	3	4	5	6
Feeling like 'in a fog'	0	1	2	3	4	5	6
'Don't feel right'	0	1	2	3	4	5	6
Difficulty concentrating	0	1	2	3	4	5	6
Difficulty remembering	0	1	2	3	4	5	6
Fatigue or low energy	0	1	2	3	4	5	6
Confusion	0	1	2	3	4	5	6
Drowsiness	0	1	2	3	4	5	6
Trouble falling asleep(if applicable)	0	1	2	3	4	5	6
More emotional	0	1	2	3	4	5	6
Irritability	0	1	2	3	4	5	6
Sadness	0	1	2	3	4	5	6
Nervous or anxious	0	1	2	3	4	5	6

Symptom Evaluation	
Mode of Entry:	Subject self-administered
Do the symptoms get worse with physical activity?	No
Do the symptoms get worse with mental activity?	No
Overall Rating	90
Why	Irritability, memory

SAC Scores	
Orientation	5/5
Concentration	5/5
Immediate Memory	22/30
Delayed Memory	6/10
Time Since Immediate Memory	6 min 20 sec
Read Aloud	true
Pain Free Movement	false
Double Vision	true
Finger To Nose	true

Tandem Gait Task	
Time(Avg good trials)	25.46
Number of trials(good/total)	4/4

C3 Balance Evaluation	
Knee or Ankle Injury	No
Braces Used	No
Dominant Foot	Right
Footwear	Shoes

C3 Balance Tests	
STANCE	ERROR COUNT
Double Leg Eyes Closed	0
Single Leg Eyes Closed	2
Tandem Eyes Closed	0

OLAWALE, Jamize DOB: 04/17/1989 (31 yo M) Acc No. 328603 DOS: 09/25/2020



Olawale, Jamize

31 Y old Male, DOB: [REDACTED]

Account Number: 328603

Guarantor: Olawale, Jamize Insurance: NFL Dallas Cowboys Payer ID: PRINT
 Appointment Facility: Texas Neurology PA

09/25/2020

Progress Note: Alan W. Martin, MD

Current Medications

Taking

• None

Past Medical History

Concussions.

Surgical History

Oral Surgeries

Family History

No family history of migraine.

Social History

no Alcohol Did you have a drink containing alcohol in the past year? No, RUnits: 0, Interpretation: Negative.
 Smoking Are you a: nonsmoker, Additional Findings:
 Tobacco Non-User Current non-smoker.

Allergies

Sunscreen

Review of Systems

Intake Questionnaire

Weight change: No. Core Plan: NA. Hearing loss: No. Heart palpitations: No. Difficulty swallowing: No. Seizure: No. Loss of vision: No. Shooting leg pain: No. Shooting arm pain: No. Depression: No. Rash: No. Blood transfusion: No. Diabetes: No. Nasal/Seasonal allergies: No. Difficulty urinating: No. Sleep problems: No. Memory problems: Yes. Faller: NA. HIV exposure: No. Handedness: Right.

Reason for Appointment

1. 7 month fu

2. Headaches

History of Present Illness

Hx:

The patient returns and has made significant improvement. He only gets a headache about once a week and is relatively mild. He is not playing football or being hit in the head this season. His cognitive function is good, although he has to write himself notes occasionally on his phone to help with memory. He is not having any dizziness, imbalance, light sensitivity, nausea, or other focal neurologic symptoms. Previous MRI of the brain and MRA intracranial were normal. The headaches are mild and generalized. They are not provoked by exercise or working out. He does not have localized pain, nausea, light sensitivity, focal neurologic symptoms, or other migrainous features. He does not need to take any medicine as an ache typically last less than a day. The headaches did not occur for. He played football or had concussions in clearly increased in frequency and severity when his playing and having contact.

Previous history: He is a professional football player in the NFL who is a full back and describes that he gets hit in the head frequently while blocking. He had occasional headaches in childhood and adolescence but they were not severe and occurred only rarely without other migrainous features. He described his first concussion at occurring around age 8 or 9. He played football his whole life. He says that he's had multiple concussions. His last diagnosed concussion was 2017, when he had headache with light sensitivity and early cognitive symptoms. Symptoms resolved within about a week and he returned to playing, but he has noted increased intermittent headaches since then. He noted headaches increased to 4 or 5 times a week in August of 2019 when he went to training camp. He describes having had multiple concussive-type symptoms throughout his professional career that he did not report. He would have symptoms with head trauma with transient symptoms of being dazed with ringing in the ear and mild headache, which resolved within minutes. He had other episodes which lasted longer, but he did not report. His headaches throughout the season were dull and nonlocalized. He occasionally would have nausea but no light sensitivity or noise sensitivity, or fuzzy headedness. Activity could exacerbate symptoms when he had a headache and sugar could exacerbate a headache. Sleep diminished headache. He did not have any visual distortions, light sensitivity, focal weakness, focal numbness, or vomiting. He did not have a unilateral pounding headache. He was concerned about subtle cognitive symptoms such as decreased concentration or momentary mental blocking. He has no family history of migraine. He feels that most of his headaches have occurred throughout his life in the past 2 years after his concussion 2017..

Depression Screening:

PHQ-9 Thoughts that you would be better off dead, or of hurting yourself in some way? Not at all, Total Score 4, Interpretation: Minimal Depression. PHQ-2 (2015 Edition) Little interest or pleasure in doing things? Several days, Feeling down, depressed, or hopeless? Several days, Total Score 2.

Vital Signs

9/25/2020 12:19 PM FROM: Fax Texas Neurology PA, Gaston Location TO: 9724974616 PAGE: 004 OF 005
Patient Name: Olawale, Jamize. DOB: 04/17/1989. Account No: 328603

Blood pressure (BP) 128/69, Heart rate 49, Temperature 97.8, Weight (Wt) 235 lb 0 oz, Height (Ht) 6 ft 0 in, Body mass index (BMI) 31.87.
OLAWALE, Jamize DOB: [REDACTED] (31 yo M) Acc No. 328603 DOS: 09/25/2020

Examination

Neurological Examination:

General appearance Healthy appearing patient in no acute distress. Mental Status: Awake, alert, and oriented with normal language, memory, attention, concentration, and fund of knowledge. No hallucinations/delusions. Mood and affect are appropriate. Cranial nerves: II, Pupils are equal, round reactive to light. Visual fields are full to confrontation testing. III, IV, VI, Extraocular movements are intact. No nystagmus. No ptosis. V, symmetrical. Facial sensation VII, No facial asymmetry. VIII, Hearing is intact. IX, X, Uvula is midline. Palate elevates symmetrically. XI, Sternocleidomastoid and trapezius are normal and symmetrical. XII, tongue is midline without atrophy or fasciculations. Motor: Strength is 5/5 proximally and distally. Normal muscle bulk and tone. No abnormal movements. Reflexes: DTRs are normal and symmetrical without pathological reflexes. Sensory: Normal and symmetrical to temperature and vibration sensation. Coordination: Finger to nose and leg movements were normal. Gait: Smooth and narrow based. Cardiovascular: Heart regular rate and rhythm. Carotids no bruits. No distal edema. Eye: No papilledema.

Spontaneous venous pulsations were seen with sharp optic discs.

Assessments

1. Other headache syndrome - G44.89 (Primary)
2. History of multiple concussions - Z87.820

The patient has a headache syndrome which could be chronic migraine but could also be related to his history of multiple concussions and episodes of unreported concussive-type symptoms. He does not have other ongoing cognitive or concussion type symptoms. He does have occasional mild generalized headache that these if improved in frequency and severity without further contact or collisions.

Treatment

1. Other headache syndrome

Notes: Continue to observe the headache pattern without further helmet contact

MRI, brain and MRA have been negative

We reviewed the uncertainty as to whether these are a form of chronic migraine or possibly related to repetitive head trauma and monitor his headache pattern, particularly if he has any change in headache frequency or severity if he returns to play in the future.

2. History of multiple concussions

Notes: We have reviewed the issues of multiple concussions and headaches

I think it would be prudent for him to avoid further play with physical contact in the context of persistent and slowly improving headaches, which are consistently exacerbated by physical contact.

3. Others

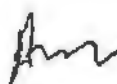
Notes: Healthy living material was published to portal. Healthy living material was published to portal.

Preventive Medicine

Counseling: BMI care goal follow up plan. Above Normal BMI Follow-up. Lifestyle education regarding diet.

Follow Up

pm



9/25/2020 12:19 PM FROM: Fax Texas Neurology PA, Gaston Location TO: 9724974616 PAGE: 005 OF 005
Patient Name: Olawale, Jamize. DOB: 04/17/1989. Account No: 328603

OLAWALE, Jamize DOB: [REDACTED] (31 yo M) Acc No. 328603 DOS: 09/25/2020

Electronically signed by Alan Martin, MD on 09/25/2020 at 12:18 PM CDT

Sign off status: Completed

Texas Neurology PA
6080 N Central Expy Ste 100
Dallas, TX 75206-5202
Tel: 214-827-3610
Fax: 214-821-4017

Progress Note: Alan W. Martin, MD 09/25/2020

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)



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KaneHallBarry.com

GENERAL NEUROLOGY | NEUROLOGICAL TESTING | MOVEMENT DISORDERS
NEUROMUSCULAR DISORDERS | NEUROPSYCHOLOGY | INFUSION

1336 Airport Freeway Suite 200 Bedford, TX 76021 (817) 267-6290
4925 Heritage Trace Parkway Suite 117 Keller, TX 76244 Fax (817) 267-0950

PATIENT PLAN FOR 1/22/2021

Name: Jamize Olawale

Date of Birth: [REDACTED]

Date of Visit: 01/22/2021 03:45 PM

Visit Type: Office Visit

Rendering provider: Jessica Maxon

Location: Keller

Location phone number: (817) 267-6290

Thank you for choosing us for your healthcare needs. The following is a summary of the outcome of today's visit and other instructions and information we hope you find helpful.

Primary Care Provider: No PCP No PCP

TODAY'S VISIT

REASON(S) FOR VISIT

Headache, Memory loss.

Assessment/Plan

#	Detail Type	Description
1.	Assessment	Migraine without aura and without status migrainosus, not intractable (G43.009).
	Impression	Patient has a history of multiple concussions presenting with tension headaches and occasional migraines onset 2 years ago. One of his concussions was accompanied with LOC. His mild headaches occur 2-3 times a week and 1 migraines occurring every few months. he denies nausea. Combination of Advil and sleeps provides relief; Differential diagnosis - concern for post-concussion syndrome
	Patient Plan	1. May start Sumatriptan 50 mg as needed for onset of severe migraine. can also continue ibuprofen for headaches when needed. 2. Recommend taking supplements containing Magnesium, Riboflavin, Feverfew, Butterbur, such as MigreLief daily 3. Discussed sleep hygiene, healthy eating habits, and stress management
2.	Assessment	Memory loss (R41.3).
	Impression	Patient presents with forgetfulness and word finding difficulty. No behavioral concern at this time. MOCA score today was: 24/30 with 0/5 5 min recall and language deficits. During casual conversation word finding difficulty noted as well as loss of concentration.
	Patient Plan	1. *** Order Neuropsych testing in Lewisville 2. MOCA test was performed today in clinic

Olawale, Jamize 000000075588 [REDACTED] 01/22/2021 03:45 PM Page: 1/3

		3. Recommend seeing results from Neuropsych testing before starting medication for memory loss 4. Follow up with Jessica Mason FNPC in 3 months Patient understands to contact the office as needed in the interim.
3.	Assessment	BMI 32.0-32.9,adult (Z68.32)
	Impression	Today 32.64
	Patient Plan	1. Follow up with PCP for BMI management.

VITAL SIGNS

BP mm/Hg 134/81 Pulse/min 50 Resp/min Temp F 98.30 Height (Total in.) 72.00 Weight (lbs.) 240.70 Weight (oz.) BMI 32.64 BSA

OTHER HEALTH INFORMATION

Smoking status: Never smoker.

SMOKING STATUS

Type	Smoking Status	Usage Per Day	Years Used	Total Pack Years
	Never smoker			

VAPING USE

Screened for vaping? Yes

Status: Not a current user

ALLERGIES

Medication Name	Ingredient	Reaction (Severity)	Comment
-----------------	------------	---------------------	---------

SUNSCREEN

PROBLEM LIST: Problem List reviewed.

Problem Description	Onset Date	Chronic	Clinical Status	Notes
Memory loss		N		
Migraine without aura and without status migrainosus, not intractable		N		
Tremor of both hands		N		
BMI 32.0-32.9,adult		N		

DEMOGRAPHICS

Sex: Male

Race: Black or African American

Ethnicity: Not Hispanic or Latino

Preferred Language: English

For the following elements there is no pertinent information available OR they were not addressed in this encounter:

Olawale, Jamize 000000075588 01/22/2021 03:45 PM Page: 2/3

Procedures performed during the visit, immunizations administered during the visit, medication administered during the visit, laboratory test results, diagnostic tests pending, clinical instructions, referrals to other providers, future scheduled tests.

Active Patient Care Team Members

Name	Contact	Agency Type	Support Role	Relationship	Active Date	Inactive Date	Specialty
No PCP No PCP			Patient provider	PCP			

Security

Provider:

Mason, Jessica 01/22/2021 4:41 PM

Document generated by: Bruno Veras 01/22/2021

Problem Report

OLAWALE, JAMIZE

Knee, musculo-skeletal

Problem occurred on team:	The Oakland Raiders
Problem:	Knee, musculo-skeletal
Side of body affected:	Left
Onset of problem:	10/27/2013
Reported by athlete:	10/27/2013
Discharged:	11/6/2013
Description of onset:	Jamize got hit in the L. Knee on an onside kick in the 4th quarter and had some mild pain and limped for a few minutes. He said he was fine and was able to return with no problems. BST

OAKLAND RAIDERS ORGANIZATION
TRAINING ROOM-ROD MARTIN
DATE OF EXAM: OCTOBER 28, 2013
PLAYER: OLAWALE, JAMIZE

INJURY REPORT

CHIEF COMPLAINT: Left knee pain.

HISTORY: The player suffered an injury to his left knee yesterday when it struck the ground yesterday during the game. He was able to complete and participate fully in the remainder of the game without difficulty. He comes in today noticing some swelling in the anteromedial aspect of his left knee.

EXAMINATION: Left knee: Swelling in the prepatellar and medial prepatellar bursal region with 2+ tenderness. There is no joint line tenderness. There is no knee effusion. No ligamentous laxity to anterior, posterior, varus or valgus testing. He has full range of motion.

ASSESSMENT: Left knee prepatellar bursitis secondary to contusion.

RECOMMENDATION: Observation. Treatment room modalities. Follow-up in the training room on a daily basis.

Warren King, M.D.

WK:mdf

Patient Name: Olawale, Jamize

Injury/Illness Left Knee Medial Collateral Ligament Tear - Partial

Injury/Illness Date: 08/18/2016 02:05 PM

Description: Left

Clinical Codes:

Code	Description
403140	Knee Medial Collateral Sprain - Grade 1

Background Details:

- o Nature of Injury **New Onset**
- o When was the Injury Reported? **Within 24 hrs**
- o Description of Onset **He was hit in the L. Knee while being tackled after receiving a pass. He was able to continue the rest of the game and it didn't bother him until afterwards.**
- o Team Activity When Injury Occurred **Game**
- o Team Activity Game **Offense**
- o If Offense **Passing (Offense)**
- o Activity Segment **2nd quarter**
- o Foul **Not Applicable**
- o Position at Time of Injury **Running Back**
- o Position at Time of Injury: If Running Back **Fullback**
- o Background Screen Complete: **Yes**
- o At the time of onset, was the player removed from participation: **No, Player continued participation**
- o Following the session, was the player restricted from participation in subsequent sessions? **No, Continued at Full Participation**

2016-09-07

Modalities: o Warm Whirlpool:1

2016-09-06

Modalities: o Warm Whirlpool:1

2016-09-01

Modalities: o Ultrasound :1
o Warm Whirlpool:1
o Dynatron X5:1

2016-08-30

Modalities: o Warm Whirlpool:1

2016-08-27

Modalities: o Dynatron X5:1

2016-08-26

Modalities: o Warm Whirlpool:1

2016-08-25

Modalities: o Warm Whirlpool:1
o Dynatron X5:1

2016-08-24

Modalities: o Ultrasound :1
o Dynatron X5:1

2016-08-23

Modalities: o Dynatron X5:1

2016-08-22

Modalities: o Warm Whirlpool:1
o Dynatron X5:1

2016-08-21

Modalities: o Ultrasound :1
o Warm Whirlpool:1
o Dynatron X5:2

2016-08-20

Modalities: o Dynatron X5:1

2016-08-19

Modalities: o Warm Whirlpool:1
o Game Ready Cryotherapy:2
o Dynatron X5:1
o Blowave Deep Wave Stimulation:2

2016-08-18

Notes:

User	Detailed Note
Touchet, Scott	Tenderness on medial joint of knee. Full strength, ROM, slight laxity w/valgus stress. Everything else WNL.

Patient Name: Olawale, Jamize
Injury/Illness Left Thigh Quads Strain/Belly
Injury/Illness Date: 08/09/2017 04:43 AM
Description: Left

Clinical Codes:

Code	Description
384010	Thigh Quads Strain/Belly

Background Details:

- o Nature of Injury **New Onset**
- o When was the Injury Reported? **Greater than 3 days**
- o Description of Onset **He said that it had been sore for a few days.**
- o Team Activity When Injury Occurred **Practice**
- o Team Activity Practice **11 on 11**
- o If 11 on 11 Run (**Inside Tackle**)
- o Position at Time of Injury **Running Back**
- o Position at Time of Injury: If Running Back **Fullback**
- o Background Screen Complete: **Yes**
- o At the time of onset, was the player removed from participation: **Yes, Player was removed and did not return to the session**
- o Following the session, was the player restricted from participation in subsequent sessions? **Yes, restricted from subsequent session**

N/A Other

Orders: Rx:

- o Start Indomethacin ER 75 MG Capsule Extended Release 1 capsule with food or milk Orally Once a day , for 30 day(s) , Dispense: 30 (Start Date: 2017-08-27 00:00:00.0) (Stop Date: 09/26/2017)

2017-09-20

Modalities:

- o Warm Whirlpool:1
- o Blowave Deep Wave Stimulation:1
- o Ice Pack:1

2017-09-19

Modalities:

- o Warm Whirlpool:1

2017-09-15

Modalities:

- o Warm Whirlpool:1

2017-09-13

Modalities:

- o Warm Whirlpool:1

2017-09-12

Notes:

User	Detailed Note
Rabelo, Emilio	Dynamic Warm Up Build Up Run 4 X 40 yds. Short Shuttle 4 X Forward/Backward/Break 4 X Z Drill 4 X Sled Hitting 6 X The athlete reported that he felt good again today and that he wanted to get to practice tomorrow. We continued with agility drills today having him move in various planes and change of direction. Overall he seemed to run all drills at 80% speed or better, and he had mild awareness of his injury with no c/o pain. Although he was running at 80% or better is seemed like he was running with "heavy legs" and did not seem as quick as he normally is. We will reassess how he feels tomorrow and possibly have him return to limited tomorrow.

Modalities:

- o Exercise:1
- o Warm Whirlpool:1

2017-09-11

Notes:

User	Detailed Note
Rabelo, Emilio	Dynamic Warm Up Build Up Run 3 X 40 yds. 45 Degree Cuts 4 X 60 yds. 90 Degree Cuts 4 X 45 yds. The athlete reported to the training room stating that he felt really good and that he wanted to practice. We told him that he needed to continue to improve with his on field drills and also decrease his symptoms while running. After warming up today he seemed to tolerate butt kicks and high knee motions better than he has. We returned to 45 degree cutting drills and he was able to run them at 80% speed or better. Also he did one step cuts and break down cutting, with the break down cutting being harder for him in that he felt more awareness of his injury. Next he moved on to 90 degree cutting and was also able to run at 80% speed or better. The one thing affecting him today was that he became cardiovascularly fatigued very quickly today, faster than he had in previous sessions. We will continue tomorrow with agility drills as tolerated.

Modalities:

- o Massage:1

2017-09-09

Modalities:

- o Massage:1
- o Biowave Deep Wave Stimulation:1

2017-09-08

Modalities:

- o Warm Whirlpool:1
- o Dynatron X5:1

2017-09-07

Notes:

User	Detailed Note
Rabelo, Emilio	Dynamic Warm Up Half Kneel Get Up 4 X 6 each with bungee cords Slider Squats 3 X 8 each Mountain Climbers 3 X 20 Pivot Ball Slam 3 X 10 @ 10 lb. Ab Roll Out 3 X 10 VersaClimber 3 X 30 sec. The athlete reported to the training room with mild c/o soreness. We worked on quad strengthening exercises today instead of running. He started with a half kneel get up, and was able to move through that range with no complaints against a light resistance. Next he did slider squats and he was able to work through posterior 45 degrees as well and again had no complaints. After that he did mountain climbers to work on quick hip flexion as if he was running, and this was the one exercise today where he felt light discomfort. During the mountain climbers he was able to move his legs at the same speed as if he was running. Then he did a pivot lunge motion with a MB and he had no trouble moving in a transverse plane. The final two exercises did not cause any pain as well. We will reassess how he feels

	tomorrow and progress on the field as tolerated.	
Modalities:	<ul style="list-style-type: none">Exercise:1Massage:1Warm Whirlpool:1Myofascial Release:1	
2017-09-06		
Notes:	User	Detailed Note
	Rabelo, Emilio	Dynamic Warm Up 45 Degree Cuts 6 X 60 yds. 90 Degree Cuts 4 X 40 yds. The athlete reported to the training room with no c/o soreness. He joined the team for the warm up and then tested on the 1080 run for about 6 reps of 20 yds. He tolerated those reps well and against rising resistance without c/o pain but he said he felt "weak". After that we started with some change of direction starting with 45 degree cuts. He tolerated all reps but could only run them at about half speed, and he also started to fatigue even though the athlete denied it. He was still willing to do the 90 degree cuts but on the last rep he said he felt a little bit of pain. He ran those cuts at half speed as well. We will work on rehab exercises tomorrow instead of running on the field.
Modalities:	<ul style="list-style-type: none">Warm Whirlpool:1	
2017-09-05		
Notes:	User	Detailed Note
	Rabelo, Emilio	Dynamic Warm Up Build Up Run 6 X 70 yds. Bungee cord Run 4 X 20 yds. Bungee cord Stop and Go 4 X 5 yds. for 20 yds. X 2 Stop and Go 4 X 5 yds. for 20 yds. X 4 The athlete reported to the training room stating that he was feeling really good and was not sore. He was able to go through the warm up with no c/o pain. Next he did build up runs and was able to get through 5 reps before beginning to c/o a tightening but no pain. While running the build ups he states that he was able to get to about 80% speed and was not running with an antalgic gait, however he was very tentative when starting off each run. Next we used resistance bands to facilitate more power as the athlete ran and then we pulled with the athlete to work on his ability to decelerate. Since he was able to do all resistance band activities well, we took it off and had him run stop and go again without being restrained. For the resistance band and regular stop and go, the sensation of tightness continued but he was able to work through it. Only on the final stop and go did he feel a small "grab" that caused pain. Overall he ran well at about 80% speed, but he needs to continue to improve his work capacity and muscular endurance.
Modalities:	<ul style="list-style-type: none">Exercise:1Ultrasound :1Warm Whirlpool:1Stretch:1Dynatron X5:1Ice Bath:1	
2017-09-04		
Notes:	User	Detailed Note
	Rabelo, Emilio	Alter G 3 mph for 5 min. @ 70% BW 5 mph for 1 min. @ 70% BW 6 mph for 1 min. @ 70% BW 7 mph for 1 min. @ 70% BW 8 mph for 1 min. @ 70% BW 9 mph for 1 min. @ 70% BW 10 mph for 1 min. @ 70% BW 11 mph for 1 min. @ 70% BW 12 mph for 1 min. @ 70% BW 3 mph for 5 min. @ 70% BW The athlete reported to the training room with no c/o soreness today. He felt like he could return to running so we put him in the Alter G. He was able to progress all the way up to sprint speeds with no c/o pain, however he said that he could feel "something". He did not appear to be running with an antalgic gait and the athlete reported that he was running with his normal gait. We will reassess how he feels tomorrow and progress as tolerated.
Modalities:	<ul style="list-style-type: none">Normatec Compression:1Exercise:1Warm Whirlpool:1ASTYM:1Dynatron X5:1	
2017-09-03		
Modalities:	<ul style="list-style-type: none">Ultrasound :1Stretch:1Dynatron X5:1Myofascial Release:1	
2017-09-02		
Notes:	User	Detailed Note
	Rabelo, Emilio	Aqua Therapy -Dynamic Warm Up -Squat Jump 1 X 10 -Skips Forward/Backward 4 X 10 yds. each -Split Squat 5 X 10 L leg rear -Bounding Forward 4 X 10 yds. -Jogging 2 laps The athlete reported to the training room stating that he was feeling better. After participating in the lift we took him in the pool and started the warm up. He went through that well and said that he does not have pain unless he is in hip extension on his L and when he begins to drive his knee forward from that position. He did one set of squat jumps and tolerated the concentric without pain, but he did not want to land because he was worried that he would slip on the flooring of the pool. With that in mind we could not assess his tolerance to eccentric load very well. He did some skipping with a high knee being emphasized and he did not seem to have pain there. We worked on split squats to slowly and under control work on an eccentric load. At first he could only move the 1/4 range but by the last set he progressed to 3/4 range. Then he did bounding which he tolerated just like the skips, and he then jogged with no complaints. We will continue to work on his functional mobility to facilitate a return to running.
Modalities:	<ul style="list-style-type: none">Normatec Compression:1Exercise:1Compex Muscle Stimulator:1Dynatron X5:1	
2017-09-01		
Modalities:	<ul style="list-style-type: none">Warm Whirlpool:1Dynatron X5:1	
2017-08-30		
Modalities:	<ul style="list-style-type: none">Warm Whirlpool:1Dynatron X5:1	
2017-08-29		
Modalities:	<ul style="list-style-type: none">Warm Whirlpool:1Dynatron X5:1	
2017-08-28		

Notes:	<table><tr><th>User</th><th>Detailed Note</th></tr><tr><td>Touchet, Scott</td><td>Pool x 30min Jamize felt better today and he was able to walk with minimal soreness and get 120 degrees of flexion with minimal soreness. He was able to jog and move around in the pool very well and improved significantly from yesterday.</td></tr></table>	User	Detailed Note	Touchet, Scott	Pool x 30min Jamize felt better today and he was able to walk with minimal soreness and get 120 degrees of flexion with minimal soreness. He was able to jog and move around in the pool very well and improved significantly from yesterday.
User	Detailed Note				
Touchet, Scott	Pool x 30min Jamize felt better today and he was able to walk with minimal soreness and get 120 degrees of flexion with minimal soreness. He was able to jog and move around in the pool very well and improved significantly from yesterday.				
2017-08-27					
Notes:	<table><tr><th>User</th><th>Detailed Note</th></tr><tr><td>Martin, Rod</td><td>Dr. King prescribed 8/25/17</td></tr></table>	User	Detailed Note	Martin, Rod	Dr. King prescribed 8/25/17
User	Detailed Note				
Martin, Rod	Dr. King prescribed 8/25/17				
Modalities:	<ul style="list-style-type: none">o Interferential Current Therapy:1o Massage:1o Dynatron X5:2o Ice Pack:1				
2017-08-26					
Notes:	<table><tr><th>User</th><th>Detailed Note</th></tr><tr><td>Touchet, Scott</td><td>Jamize discontinued the game in the 2nd quarter when he pulled his quad on a breakaway run. It is the same spot that he did previously. He had been having no trouble, but tonight he felt a pain and burning in the anterior thigh and slowed with a limp. He had pain with palpation and PROM and AROM.</td></tr></table>	User	Detailed Note	Touchet, Scott	Jamize discontinued the game in the 2nd quarter when he pulled his quad on a breakaway run. It is the same spot that he did previously. He had been having no trouble, but tonight he felt a pain and burning in the anterior thigh and slowed with a limp. He had pain with palpation and PROM and AROM.
User	Detailed Note				
Touchet, Scott	Jamize discontinued the game in the 2nd quarter when he pulled his quad on a breakaway run. It is the same spot that he did previously. He had been having no trouble, but tonight he felt a pain and burning in the anterior thigh and slowed with a limp. He had pain with palpation and PROM and AROM.				
2017-08-15					
Modalities:	<ul style="list-style-type: none">o Normatec Compression:1o Dynatron X5:1				
2017-08-14					
Modalities:	<ul style="list-style-type: none">o Massage:1o Myofascial Release:1				
2017-08-13					
Modalities:	<ul style="list-style-type: none">o Massage:2o Myofascial Release:2				
2017-08-09					
Notes:	<table><tr><th>User</th><th>Detailed Note</th></tr><tr><td>Martin, Rod</td><td>He complained today during practice that his quad was sore. I examined and removed him from practice.</td></tr></table>	User	Detailed Note	Martin, Rod	He complained today during practice that his quad was sore. I examined and removed him from practice.
User	Detailed Note				
Martin, Rod	He complained today during practice that his quad was sore. I examined and removed him from practice.				
Modalities:	<ul style="list-style-type: none">o AROM:1o Massage:1				

Patient Name: Olawale, Jamize
Injury/Illness Left Thigh/Muscle Belly Hamstring Strain Deg 1 / Muscle Unknown
Injury/Illness Date: 10/29/2017 06:50 AM
Description: Left

Code	Description
384130	Thigh/Muscle Belly Hamstring Strain Deg 1 / Muscle Unknown

Background Details:

- o Nature of Injury **New Onset**
- o When was the Injury Reported? **Immediately**
- o Description of Onset **He was running back a kickoff when he felt a pop in his hamstring. He could not return to the game.**
- o Team Activity When Injury Occurred **Game**
- o Team Activity Game **Special Teams**
- o If Special Teams **Kick-Off Return (Game)**
- o Activity Segment **2nd quarter**
- o Foul **Not Applicable**
- o Position at Time of Injury **Special Teams Kick-Off**
- o Position at Time of Injury: If Special Teams Kick-Off **Kick Returner**
- o Background Screen Complete: **Yes**
- o At the time of onset, was the player removed from participation: **Yes, Player was removed and did not return to the session**
- o Following the session, was the player restricted from participation in subsequent sessions? **Yes, restricted from subsequent session**

Orders:

Rx:

- o Start Indomethacin ER 75 MG Capsule Extended Release 1 capsule with food or milk Orally Once a day , for 30 day(s) , Dispense: 30 Capsule (Start Date: 2017-10-31 00:00:00.0) (Stop Date: 11/29/2017)Notes: Dr. King prescribed

2017-11-20

Modalities:

- o Warm Whirlpool:1
- o Shortwave Diathermy:1

2017-11-14

Modalities:

- o Warm Whirlpool:1
- o Shortwave Diathermy:1

2017-11-13

Modalities:

- o Shortwave Diathermy:1

2017-11-10

Modalities:

- o Dynatron X5:1
- o Shortwave Diathermy:1

2017-11-09

Modalities:

- o Myofascial Release:1

2017-11-08

Modalities:

- o Warm Whirlpool:1
- o Dynatron X5:1

2017-11-07

Modalities:

- o Warm Whirlpool:1
- o Dynatron X5:1

2017-11-06

Notes:

User	Detailed Note
Rabelo, Emilio	WWP 10 min. _alter G 3 mph for 5 min. @ 70% BW 5 mph for 1 min. @ 70% BW 6 mph for 1 min. @ 70% BW 7 mph for 1 min. @ 70% BW 8 mph for 1 min. @ 70% BW 9 mph for 1 min. @ 70% BW 10 mph for 1 min. @ 70% BW 11 mph for 1 min. @ 70% BW 12 mph for 1 min. @ 70% BW 12 mph for 1 min. @ 80% BW 3 mph for 5 min. @ 80% BW Foam Roll Hamstring Normatec Pump The athlete reported to the training room stating that he was feeling better and that he does not have pain with walking. Last week on Tuesday he had pain with walking in the Alter G and we only progressed him to a jog while at 60% BW. He also was walking with a shortened stride length. We continued on the Alter G today and progressed him through to a sprint all at 70% BW, and then he did a sprint rep at 80% BW. There seemed to be a minor difference in terminal swing knee flexion from L to R, with the L being decreased. He was able to normalize it some with verbal cues, and with all intervals he had no c/o pain. We will continue to work on his running on the field tomorrow.

Modalities:

- o Normatec Compression:1
- o Exercise:1
- o Warm Whirlpool:1
- o Myofascial Release:1

2017-10-29

Notes:

User	Detailed Note
Touchet, Scott	Weakness with resistance. Pain with full extension.

OAKLAND RAIDERS ORGANIZATION
TRAINING ROOM – ROD MARTIN
DATE OF EXAM: 12/04/2017
PLAYER: OLAWALE, JAMIZE

PROGRESS REPORT

CHIEF COMPLAINT: Left lower extremity pain.

HISTORY: Jamize suffered a valgus-type injury yesterday while participating and playing in the game, in which he suffered a valgus injury to his left knee with the knee flexed approximately 30 degrees, an ankle eversion and external rotation injury. He comes in today complaining of pain in the medial aspect of his left knee, the primarily lateral aspect of his left ankle and his midfoot. He is limping when he is walking.

PHYSICAL EXAMINATION: On physical examination, his left knee has a 1+ effusion. No ligamentous laxity, 1+ medial joint line tenderness. No anterior laxity. No posterior laxity. No varus laxity. His range of motion is 0 to 130 degrees.

His left ankle demonstrates tenderness over the anterior talofib ligament, the anterior tib/fib ligament, the posterior tib/fib ligament and the distal syndesmosis. He has a positive external rotation test. He has no significant tenderness over the deltoid. His foot has mild tenderness over the base of the first and second metatarsal region. The lateral tarsometatarsal joints are normal. The remainder of his foot is unremarkable.

RADIOGRAPHS: X-rays taken of his ankle showed no evidence of syndesmosis widening or fracture. Standing x-rays of his feet did not show any widening of his Lisfranc joint and there is no evidence of fracture.

ADDENDUM NOTE: The player also suffered an injury to his thumb. He was seen in the dressing room after the game where he was felt to have an injury compatible with the gamekeeper's thumb of his hand. He was placed in a thumb splint at the conclusion of the game. X-rays were taken today of the thumb, which showed no evidence of fracture.

ASSESSMENT: Soft tissue gamekeeper's thumb injury.

RECOMMENDATION: MRI, return for MRI review. MRI will also be obtained of his knee to evaluate the effusion and the torn medial collateral ligament. MRI will also be taken of his foot to evaluate a Lisfranc-type injury and his ankle to evaluate a high ankle sprain.

The player will be contacted after the MRI's.

Warren King, M.D.
MD2MD: Job#: 752221/Doc#: 880974/Transc: BVT

Patient Name: Olawale, Jamize
Injury/Illness Right Ankle Syndesmotic Sprain
Injury/Illness Date: 09/13/2015 11:33 PM
Description: Right

Code	Description
443033	High Ankle Sprain / Syndesmotic
443010	Lateral Ankle Sprain / Ligament Unknown

Background Details:

- o Nature of Injury **New Onset**
- o When was the Injury Reported? **Immediately**
- o Description of Onset Jamize got tackled running the ball in the 4th quarter and was unable to continue the game due to his ankle getting twisted during the tackle.
- o Team Activity When Injury Occurred **Game**
- o Team Activity Game **Offense**
- o If Offense **Run (Outside Tackle (Offense))**
- o Activity Segment **4th quarter**
- o Foul **Not Applicable**
- o Position at Time of Injury **Running Back**
- o Position at Time of Injury: If Running Back **Fullback**
- o Background Screen Complete: **Yes**
- o At the time of onset, was the player removed from participation: **Yes, Player was removed and did not return to the session**
- o Following the session, was the player restricted from participation in subsequent sessions? **Yes, restricted from subsequent session**

443010 Lateral Ankle Sprain / Ligament Unknown

Orders:

- Rx:**
- o Start Ketorolac Tromethamine 10 MG Tablet 1 tablet as needed Orally every 6 hrs , Dispense: 20 (Start Date: 2015-09-23 00:00:00.0)

2015-10-07

Modalities: o Warm Whirlpool:1

2015-10-05

Modalities: o Dynatron X5:1
o Joint Mobilization:1

2015-10-02

Modalities: o Ultrasound :1
o Stretch:1

2015-10-01

Modalities: o Dynatron X5:1

2015-09-30

Modalities: o Warm Whirlpool:1
o Ultrasound :1

2015-09-29

Modalities: o Contrast Bath :1
o Exercise:1
o Combo:1

2015-09-28

Modalities: o Shortwave Diathermy:1

2015-09-26

Modalities: o Shortwave Diathermy:1

2015-09-25

Modalities: o Warm Whirlpool:1
o Dynatron X5:1

2015-09-24

Modalities: o Warm Whirlpool:1
o Joint Mobilization:1
o Dynatron X5:1

2015-09-23

Modalities: o Dynatron X5:1

2015-09-22

Modalities: o Ultrasound :1
o Joint Mobilization:1

2015-09-21

Notes:

User	Detailed Note
Touchet, Scott	Plantar Flexion x 5min@black; Plank x 3:00; Power Band Side Walk 2x10 yds. ea. dir.; Bike x 15min Jamaze had no trouble with the work noted, but he tried to jog on the field and was unable to do it without pain and altered gait so he was sent back in for treatment.

Olawale, Jamize



ACKNOWLEDGEMENT OF RECEIPT OF MEDICAL INFORMATION

At a physical examination on June 11, 2018, I have been informed by the Club physician that I have the following physical condition(s):

Left Great Toe
Left Knee MCL
Left Ankle DJD

Both AC
Concussion

Foot PF
Left Hamstring

1. To the best of my knowledge, I do **not** have any medical problem(s) other than those noted on this physical exam form.

JRO
Initials

2. I have received a full explanation from the Club physician that to continue to play professional football may result in the aggravation or deterioration of previous and/or present injuries and/or sustaining new injuries, during my employment by Club.

JRO
Initials

3. I also fully understand that any or all of the injuries sustained while participating in professional football **could** result in future permanent physical disability.

JRO
Initials

4. I represent that I am **not** now suffering from any physical and/or mental disability, which prevents me from playing professional football.

JRO
Initials

5. I fully understand the possible consequences of playing professional football with the physical condition(s) set forth in paragraph 1 above. Nevertheless, I desire to continue to play professional football and hereby assume the risk of the matters set forth in paragraph 2 above.

JRO
Initials

July 25, 2018
Date

[Signature]
Witness

[Signature]
Player

[Signature]
Club Physician

DALLAS COWBOYS

Patient Name: Olawale, Jamize
Injury/Illness Right Ankle Syndesmotic Sprain
Injury/Illness Date: 09/13/2015 11:33 PM
Description: Right

Code	Description
443033	High Ankle Sprain / Syndesmotic
443010	Lateral Ankle Sprain / Ligament Unknown

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- o When was the Injury Reported? **Immediately**
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- o Team Activity Game **Offense**
- o If Offense **Run (Outside Tackle (Offense))**
- o Activity Segment **4th quarter**
- o Foul **Not Applicable**
- o Position at Time of Injury **Running Back**
- o Position at Time of Injury: If Running Back **Fullback**
- o Background Screen Complete: **Yes**
- o At the time of onset, was the player removed from participation: **Yes, Player was removed and did not return to the session**
- o Following the session, was the player restricted from participation in subsequent sessions? **Yes, restricted from subsequent session**

Orders:

443010 Lateral Ankle Sprain / Ligament Unknown

Rx:

- o Start Ketorolac Tromethamine 10 MG Tablet 1 tablet as needed Orally every 6 hrs , Dispense: 20 (Start Date: 2015-09-23 00:00:00.0)

2015-10-07

Modalities:

- o Warm Whirlpool:1

2015-10-05

Modalities:

- o Dynatron X5:1
- o Joint Mobilization:1

2015-10-02

Modalities:

- o Ultrasound :1
- o Stretch:1

2015-10-01

Modalities:

- o Dynatron X5:1

2015-09-30

Modalities:

- o Warm Whirlpool:1
- o Ultrasound :1

2015-09-29

Modalities:

- o Contrast Bath :1
- o Exercise:1
- o Combo:1

2015-09-28

Modalities:

- o Shortwave Diathermy:1

2015-09-26

Modalities:

- o Shortwave Diathermy:1

2015-09-25

Modalities:

- o Warm Whirlpool:1
- o Dynatron X5:1

2015-09-24

Modalities:

- o Warm Whirlpool:1
- o Joint Mobilization:1
- o Dynatron X5:1

2015-09-23

Modalities:

- o Dynatron X5:1

2015-09-22

Modalities:

- o Ultrasound :1
- o Joint Mobilization:1

2015-09-21

Notes:

User	Detailed Note
Touchet, Scott	Plantar Flexion x 5min@black; Plank x 3:00; Power Band Side Walk 2x10 yds. ea. dir.; Bike x 15min Jamaze had no trouble with the work noted, but he tried to jog on the field and was unable to do it without pain and altered gait so he was sent back in for treatment.

Texas Orthopaedic Associates LLP • 8410 Walnut Hill Ln, Dallas TX 75231-4418

OLAWALE, JAMIZE (id #4286975, dob: [REDACTED])

Encounters and Procedures

Clinical Encounter Summaries

Encounter Date: 01/19/2021

Patient

Name	OLAWALE, JAMIZE (31yo, M) ID# 4286975	Appt. Date/Time	01/19/2021 01:45PM
DOB	04/17/1989	Service Dept.	TOA_Ofc Greenville
Provider	JAMES MONTGOMERY, MD		
Insurance	Med Primary: CIGNA Insurance #: U4744484401 Policy/Group #: 3208640 Prescription: EXPRESS SCRIPTS - Member is eligible, details		

Chief Complaint

Follow Up, Bilateral knee pain

Vitals

01/19/2021 01:52 pm
Ht: 6 ft

Allergies

Reviewed Allergies
NKDA
SUNSCREEN

Medications

Reviewed Medications

amoxicillin 500 mg capsule TAKE 1 CAPSULE BY MOUTH 3 TIMES A DAY UNTIL FINISHED	05/29/20 filled
ibuprofen 600 mg tablet TAKE 1 TABLET BY MOUTH EVERY 6 HOURS	05/29/20 filled
ondansetron 4 mg disintegrating tablet DISSOLVE 1 TABLET ON THE TONGUE EVERY 6 HOURS AS NEEDED FOR NAUSEA AND VOMITING	05/29/20 filled
oseltamivir 75 mg capsule	03/12/20 filled
traMADoL 50 mg tablet TAKE 1 TO 2 TABLETS BY MOUTH EVERY 6 HOURS AS NEEDED FOR PAIN. NO MORE THAN 8 TABLETS PER DAY.	05/29/20 filled

Vaccines

None recorded.

Problems

Reviewed Problems

Family History

Reviewed Family History
Father - Diabetes mellitus
- Heart disease

Social History

Reviewed Social History
Live alone or with others?: with others

JO-00753

Trans Orthopedic Associates, P.C. 3310 Walnut Hill Ln, Dallas TX 75230-4418

OLAWALE, JAMIZE (Id #4286975, dob: [REDACTED])

Alcohol intake: Occasional

Chewing tobacco: none

Tobacco Smoking Status: Never smoker

Are you currently employed?: Y

Substance Use: Tobacco-Status: Never; LastScreeningDate: 03/27/2018; OriginalCode: 1004059815052

Surgical History

Reviewed Surgical History

Past Medical History

Reviewed Past Medical History

Arthritis: Y

Migraines: Y

HPI

The patient is back in with his functional capacity evaluation.

The patient has degenerative disease in both knees, both ankles and in both his neck, his back as well as shoulders after the physical examination. I have personally just examined his knees.

The patient showed good work effort. His functional evaluation showed that he could occasionally lift 50 pounds, frequently lift 25 pounds, stand and walk for a total of two hours in an eight-hour day. He could sit most periodic alternating sitting and standing, push or pull, operate hand and foot, limited in the lower extremities. Postural limitations included balancing frequently, occasional climbing ladder, scaffolds. No stooping, kneeling, crouching or crawling.

Manipulative limitations: Reaching in all directions was limited, unlimited with handling, fingering, feeling. Visual limitations were not done.

It was the opinion of the examiner that he worked hard throughout the FCE.

ROS

Additionally reports:

Cardiovascular

Confirms: None

Denies: Chest pain, Calf Pain/swelling

Constitutional

Confirms: None

Denies: Fever

ENMT

Confirms: None

Denies: Dry Mouth, Mouth ulcer(s)

Eyes

Confirms: None

Denies: Vision loss, Dryness

Gastrointestinal

Confirms: None

Denies: Headache, Nausea/Vomiting

JO-00754

Texas Orthopaedic Associates LLP • 6210 Walnut Hill Ln, Dallas TX 75231-4418

OLAWALE, JAMIZE (Id #4286975, dob: [REDACTED])

Genitourinary

Confirms: None

Denies: Difficult urination, Pregnant, Possibly pregnant, Postmenopausal

Hematologic/Lymphatic

Confirms: None

Denies: Easy bleeding

Musculoskeletal

Confirms: Morning joint stiffness greater than 30 minutes

Denies: Joint swelling (multiple joints)

Neurologic

Confirms: Headaches, Weakness

Denies: Numbness

Psychiatric

Confirms: Depression

Denies: Anxiety

Respiratory

Confirms: None

Denies: Shortness of Breath

Integumentary

Confirms: None

Denies: Skin wounds, Non-healing areas

Physical Exam

Patient is a 31-year-old male.

Assessment / Plan

At this time, I think that the patient is disabled secondary to his osteoarthritis.

. Knee pain - Bilateral

M25.561: Pain in right knee

M25.562: Pain in left knee

. Osteoarthritis of knee

M17.0: Bilateral primary osteoarthritis of knee

Return to Office

None recorded.

Encounter Sign-Off

Encounter signed-off by James Montgomery, MD, 01/20/2021.

Encounter performed and documented by James Montgomery, MD

Encounter reviewed & signed by James Montgomery, MD on 01/20/2021 at 7:59am

Encounter Date: 01/07/2021

Patient

Name	OLAWALE, JAMIZE (31yo, M) ID# 4286975	Appt. Date/Time	01/07/2021 10:00AM
-------------	---------------------------------------	------------------------	--------------------

DOB	[REDACTED]	Service Dept.	TOA_Ofc Greenville
------------	------------	----------------------	--------------------

Provider	JAMES MONTGOMERY, MD
-----------------	----------------------

Insurance	Med Primary: CIGNA Insurance #: U4744484401 Policy/Group #: 3208640 Prescription: EXPRESS SCRIPTS - Member is eligible, details
------------------	--

Chief Complaint

Bilateral knee pain

Vitals

01/07/2021 10:38 am

JO-00755

Texas Orthodontic Associates LLP - 8210 Walnut Hill Ln, Dallas, TX 75231-4410

OLAWALE, JAMIZE (Id #4286975, dob: [REDACTED])

Ht: 6 ft

Wt: 238 lbs

BMI: 32.3

Allergies

Reviewed Allergies

NKDA

SUNSCREEN

Medications

Reviewed Medications

amoxicillin 500 mg capsule

05/29/20 filled

TAKE 1 CAPSULE BY MOUTH 3 TIMES A DAY UNTIL FINISHED

ibuprofen 600 mg tablet

05/29/20 filled

TAKE 1 TABLET BY MOUTH EVERY 6 HOURS

ondansetron 4 mg disintegrating tablet

05/29/20 filled

DISSOLVE 1 TABLET ON THE TONGUE EVERY 6 HOURS AS NEEDED FOR NAUSEA AND VOMITING

oseltamivir 75 mg capsule

03/12/20 filled

traMADoL 50 mg tablet

05/29/20 filled

TAKE 1 TO 2 TABLETS BY MOUTH EVERY 6 HOURS AS NEEDED FOR PAIN. NO MORE THAN 8 TABLETS PER DAY.

Vaccines

None recorded.

Problems

Reviewed Problems

Family History

Reviewed Family History

Father

- Diabetes mellitus

- Heart disease

Social History

Reviewed Social History

Live alone or with others?: with others

Alcohol intake: Occasional

Chewing tobacco: none

Tobacco Smoking Status: Never smoker

Are you currently employed?: Y

Substance Use: Tobacco-Status: Never;LastScreeningDate: 03/27/2018;OriginalCode: 1004059815052

Surgical History

Reviewed Surgical History

Past Medical History

Reviewed Past Medical History

Arthritis: Y

Migraines: Y

HPI

Chief Complaint

Chief Complaint

Knee

Description of Pain

Pain Context

Work

JO-00756

Form: HPO-000000 Associates LLP - 0210 WOODLAND BLVD, DALLAS TX 75201-4410

OLAWALE, JAMIZE (Id #4286975, dob: [REDACTED])

Side of Body
Both Sides (Bilateral)
Radiation of Pain
No
Number of Years
6
Pain Scale - Today
5
Alleviating Factors
Anti-Inflammatories
Rest
Aggravating Factors
Bending/Squatting
Exercise
Going downstairs
Going upstairs
Running/Jumping
Weight bearing
Previous Surgery
No
Prior Imaging
MRI
X-Ray
Associated Symptoms
Cracking
Pain Management Physician Visit
No
Do you take blood thinners?
No
Imported from Phreesia on 01/07/2021

The patient is a football player playing professionally. He is now age 31. Date of birth is [REDACTED] By history, the patient is still trying to play, has pain with both knees.

ROS

Additionally reports:

Cardiovascular
Confirms: None
Denies: Chest pain, Calf Pain/swelling
Constitutional
Confirms: None
Denies: Fever
ENMT
Confirms: None
Denies: Dry Mouth, Mouth ulcer(s)
Eyes
Confirms: None
Denies: Vision loss, Dryness
Gastrointestinal
Confirms: None
Denies: Heartburn, Nausea/Vomiting
Genitourinary
Confirms: None
Denies: Difficult urination, Pregnant, Possibly pregnant, Postmenopausal
Hematologic/Lymphatic
Confirms: None
Denies: Easy bleeding
Musculoskeletal
Confirms: Morning joint stiffness greater than 30 minutes
Denies: Joint swelling (multiple joints)
Neurologic
Confirms: Headaches, Weakness
Denies: Numbness
Psychiatric
Confirms: Depression
Denies: Anxiety
Respiratory
Confirms: None
Denies: Shortness of Breath
Integumentary

JO-00757

Texas Orthopaedic Associates, LLC - 8810 Walnut Hill Ln, Dallas, TX 75231-1818

OLAWALE, JAMIZE (id #4286975, dob: [REDACTED])

Confirms: None

Denies: Skin wounds, Non-healing areas

Physical Exam

Patient is a 31-year-old male.

The patient is painful at the patellofemoral joint. The patient has stiffness. He is trying to take nothing for the pain.

My exam shows fairly severe patellofemoral chondromalacia. The rest of the exam shows him to have a painful arc with squatting.

Assessment / Plan

At this time, he needs a functional capacity evaluation. We will get this, do his paperwork, see him back after that.

- **Knee pain - Bilateral**
 - M25.561: Pain in right knee
 - M25.562: Pain in left knee
- **XR KNEE, COMPLETE 4 VIEWS LEFT**
- **XR KNEE, COMPLETE 4 VIEWS RIGHT**

Return to Office

None recorded.

Encounter Sign-Off

Encounter signed-off by James Montgomery, MD, 01/10/2021.

Encounter performed and documented by James Montgomery, MD

Encounter reviewed & signed by James Montgomery, MD on 01/10/2021 at 4:52pm

JO-00758

PHYSICAL RESIDUAL FUNCTIONAL CAPACITY ASSESSMENT

CLAIMANT:		SOCIAL SECURITY NUMBER:	
NUMBERHOLDER (IF CDB CLAIM):		- - -	
PRIMARY DIAGNOSIS:	RFC ASSESSMENT IS FOR:		
SECONDARY DIAGNOSIS:	<input type="checkbox"/> Current Evaluation <input type="checkbox"/> Date 12 Months After Onset:		
OTHER ALLEGED IMPAIRMENTS:	<input type="checkbox"/> Date Last Insured: (Date) <input type="checkbox"/> Other (Specify): (Date)		

PRIVACY ACT NOTICE: The information requested on this form is authorized by Section 223 and Section 1633 of the Social Security Act. The information provided will be used in making a decision of this claim. Failure to complete this form may result in a delay in processing the claim. Information furnished on this form may be disclosed by the Social Security Administration to another person or governmental agency only with respect to Social Security programs and to comply with Federal laws requiring the exchange of information between Social Security and other agencies.

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I. LIMITATIONS:

For Each Section A - F

- ➡ Base your conclusions on **all evidence** in file (clinical and laboratory findings; symptoms; observations, lay evidence; reports of daily activities; etc.).
- ➡ Check the blocks which reflect your **reasoned judgement**.
- ➡ Describe how the **evidence substantiates your conclusions** (Cite specific clinical and laboratory findings, observations, lay evidence, etc.).
- ➡ Ensure that you have:
 - Requested appropriate treating and examining source statements regarding the individual's capacities (DI 22505.000ff. and DI 22510.000ff.) and that you have given appropriate **weight to treating source conclusions** (See Section III.).
 - Considered and responded to **any alleged limitations imposed by symptoms** (pain, fatigue, etc.) attributable, in your judgement, to a medically determinable impairment. Discuss your assessment of symptom-related limitations in the explanation for your conclusions in A - F below (See also Section II.).
 - Responded to all allegations of physical limitations or factors which can cause physical limitations.
- ➡ **Frequently** means occurring one-third to two-thirds of an 8-hour workday (cumulative, not continuous). **Occasionally** means occurring from very little up to one-third of an 8-hour workday (cumulative, not continuous).

☐ Continued on Page 2

A. EXERTIONAL LIMITATIONS

☐ None established. (Proceed to section B.)

1. **Occasionally** lift and/or carry (including upward pulling) (maximum) - when less than one-third of the time or less than 10 pounds, explain the amount (time/pounds) in item 6.

- ☐ less than 10 pounds
☐ 10 pounds
☐ 20 pounds
☒ 50 pounds
☐ 100 pounds or more

2. **Frequently** lift and/or carry (including upward pulling) (maximum) - when less than two-thirds of the time or less than 10 pounds, explain the amount (time/pounds) in item 6.

- ☐ less than 10 pounds
☐ 10 pounds
☒ 25 pounds
☐ 50 pounds or more

3. Stand and/or walk (with normal breaks) for a total of -

- ☒ less than 2 hours in an 8-hour workday
☐ at least 2 hours in an 8-hour workday
☐ about 6 hours in an 8-hour workday
☐ medically required hand-held assistive device is necessary for ambulation

4. Sit (with normal breaks) for a total of -

- ☐ less than about 6 hours in an 8-hour workday
☐ about 6 hours in an 8-hour workday
☒ must periodically alternate sitting and standing to relieve pain or discomfort. (If checked, explain in 6.)

5. Push and/or pull (including operation of hand and/or foot controls) -

- ☐ unlimited, other than as shown for lift and/or carry
☐ limited in upper extremities (describe nature and degree)
☒ limited in lower extremities (describe nature and degree) - sides of feet & ankles & p!

6. Explain how and why the evidence supports your conclusions in item 1 through 5. Cite the specific facts upon which your conclusions are based.

Examinee only tolerated ~ 25 min of sustained walking. Also ~ 15 min of sitting examinee's HR went from 66 bpm, to 107 bpm ~ plus (B) feet & (B) knee p!

☐ Continued on Page 3

6. Continue (NOTE: MAKE ADDITIONAL COMMENTS IN SECTION IV)

B. POSTURAL LIMITATIONS

☐ None established. (Proceed to section C.)

	Frequently	Occasionally	Never
1. Climbing - ramp/stairs _____	<input type="checkbox"/>	<input checked="" type="checkbox"/> <i>2 N</i>	<input type="checkbox"/>
- ladder/rope/scaffolds _____	<input type="checkbox"/>	<input checked="" type="checkbox"/> <i>2 N</i>	<input type="checkbox"/>
2. Balancing _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Stooping _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Kneeling _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Crouching _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Crawling _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

7. When less than two-thirds of the time for frequently or less than one-third for occasionally, fully describe and explain. Also explain how and why the evidence supports your conclusions in items 1 through 6. Cite the specific facts upon which your conclusions are based.

Stooping, kneeling, + Crouching F.R.U.M. activities on FCE show tolerance to these positions HR was consistent & a + p! response throughout. Crawling activity shows same results & p! c/o's + HR Response to Subjective p! c/o's.

☐ Continued on Page 4

C. MANIPULATIVE LIMITATIONS

☐ None established. (Proceed to section D.)

- | | LIMITED | UNLIMITED |
|---|-------------------------------------|-------------------------------------|
| 1. Reaching all directions (including overhead) _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Handling (gross manipulation) _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. Fingering (fine manipulation) _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. Feeling (skin receptors) _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5. Describe how the activities checked "limited" are impaired. Also, explain how and why the evidence supports your conclusions in item 1 through 4. Cite the specific facts upon which your conclusions are based. | | |

Overhead F.R.O.M. activity was not completed due
c/o's (B) shoulder & LBP. HR was consistent &
+ p's response

D. VISUAL LIMITATIONS

☐ None established. (Proceed to section E.)

- | | LIMITED | UNLIMITED |
|--|--------------------------|--------------------------|
| 1. Near acuity _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Far acuity _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Depth perception _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Accommodation _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Color vision _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Field of vision _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Describe how the faculties checked "limited" are impaired. Also explain how and why the evidence supports your conclusions in items 1 through 6. Cite the specific facts upon which your conclusions are based. | | |

☐ Continued on Page 5

E. COMMUNICATIVE LIMITATIONS

☐ None established. (Proceed to section F.)

- | | LIMITED | UNLIMITED |
|---|----------------------------|--------------------------|
| 1. Hearing _____ | → <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Speaking _____ | → <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Describe how the faculties checked "limited" are impaired. Also, explain how and why the evidence supports your conclusions in items 1 and 2. Cite the specific facts upon which your conclusions are based. | | |

F. ENVIRONMENTAL LIMITATIONS

☐ None established. (Proceed to section II.)

- | | UNLIMITED | AVOID
CONCENTRATED
EXPOSURE | AVOID EVEN
MODERATE
EXPOSURE | AVOID ALL
EXPOSURE |
|---|----------------------------|-----------------------------------|------------------------------------|--------------------------|
| 1. Extreme cold _____ | → <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Extreme heat _____ | → <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Wetness _____ | → <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Humidity _____ | → <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Noise _____ | → <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Vibration _____ | → <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Fumes, odors,
dusts, gases,
poor ventilation,
etc. _____ | → <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Hazards
(machinery,
heights, etc.) _____ | → <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Describe how these environmental factors impair activities and identify hazards to be avoided. Also, explain how and why the evidence supports your conclusions in items 1 through 8. Cite the specific facts upon which your conclusions are based. | | | | |

☐ Continued on Page 6

9. Continue (NOTE: MAKE ADDITIONAL COMMENTS IN SECTION IV)

II. SYMPTOMS

For symptoms alleged by the claimant to produce physical limitations, and for which the following have not previously been addressed in section I, discuss whether:

- A. The symptom(s) is attributable, in your judgment, to a medically determinable impairment.
- B. The severity or duration of the symptom(s), in your judgment, is disproportionate to the expected severity or expected duration on the basis of the claimant's medically determinable impairment(s).
- C. The severity of the symptom(s) and its alleged effect on function is consistent, in your judgment, with the total medical and nonmedical evidence, including statements by the claimant and others, observations regarding activities of daily living, and alterations of usual behavior or habits.

☐ Continued on Page 7

III. TREATING OR EXAMINING SOURCE STATEMENT(S)

A. Is a treating or examining source statement(s) regarding the claimant's physical capacities in file?

☒ Yes

☐ No (Includes situations in which there was no source or when the source(s) did not provide a statement regarding the claimant's physical capacities.)

B. If yes, are there treating/examining source conclusions about the claimant's limitations or restrictions which are significantly different from your findings?

☐ Yes

☒ No


C. If yes, explain why those conclusions are not supported by the evidence in file. Cite the source's name and the statement date.

☐ Continued on Page 8

IV. ADDITIONAL COMMENTS:

MITCH WINN, UTR License #104690 TX P-(214) 566-9013

☐ THESE FINDINGS COMPLETE THE MEDICAL PORTION OF THE DISABILITY DETERMINATION.

MEDICAL CONSULTANT'S SIGNATURE:  UTR	MEDICAL CONSULTANT'S CODE: UTR	DATE: 1/14/21
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Texas Orthopaedic Associates LLP • 8210 Walnut Hill Ln, DALLAS TX 75231-4418

OLAWALE, JAMIZE (Id #4286975, dob: [REDACTED])

Jamize Olawale

DOB: [REDACTED]
Age: 31
Gender: Male

PATIENT REPORT

Phreesia

Date of Visit: 01/07/2021 10:00 AM

Reason For Visit		
Chief Complaint <input type="checkbox"/> Elbow <input checked="" type="checkbox"/> Knee <input type="checkbox"/> Foot/Ankle <input type="checkbox"/> Shoulder <input type="checkbox"/> Hand/Wrist <input type="checkbox"/> Other: Not Listed <input type="checkbox"/> Hip		
Pain Form		
Pain Context Side of Body <input checked="" type="checkbox"/> Both Sides (Bilateral) <input type="checkbox"/> Left Side <input type="checkbox"/> Right Side		Work
Pain Quality <input checked="" type="checkbox"/> Aching <input checked="" type="checkbox"/> Throbbing <input type="checkbox"/> Electric Shocks <input type="checkbox"/> Burning <input checked="" type="checkbox"/> Sharp <input type="checkbox"/> Numbness <input type="checkbox"/> Gnawing <input type="checkbox"/> Dull <input type="checkbox"/> Tingling <input type="checkbox"/> Stabbing <input type="checkbox"/> Knots <input type="checkbox"/> Other / Not Listed		
When does the pain occur? Intermittent (on and off)		
Radiation of Pain No		
Length of Pain Years		
Number of Years 6		
Injury Date		
Pain Scale - Today 5		
Alleviating Factors <div> <input checked="" type="checkbox"/> Anti-Inflammatories <input type="checkbox"/> Heat <input type="checkbox"/> Position change <input type="checkbox"/> Brace <input type="checkbox"/> Home Exercise <input checked="" type="checkbox"/> Rest <input type="checkbox"/> Cane <input type="checkbox"/> Ice <input type="checkbox"/> Sitting <input type="checkbox"/> Cortisone injections <input type="checkbox"/> Lying down <input type="checkbox"/> Standing <input type="checkbox"/> Crutches <input type="checkbox"/> Nothing helps <input type="checkbox"/> Stretching <input type="checkbox"/> Elevation <input type="checkbox"/> Over the Counter Medication <input type="checkbox"/> Viscosupplementation injection (Knee Patients) <input type="checkbox"/> Exercise <input type="checkbox"/> Physical Therapy </div>		
Aggravating Factors <div> <input type="checkbox"/> None <input type="checkbox"/> Getting out of bed <input type="checkbox"/> Rising from a chair <input checked="" type="checkbox"/> Bending/Squatting <input checked="" type="checkbox"/> Going downstairs <input checked="" type="checkbox"/> Running/Jumping <input type="checkbox"/> Carrying <input type="checkbox"/> Going from sit to stand <input type="checkbox"/> Sitting <input type="checkbox"/> Changing clothes <input checked="" type="checkbox"/> Going upstairs <input type="checkbox"/> Sneezing <input type="checkbox"/> Cold weather <input type="checkbox"/> Lifting <input type="checkbox"/> Standing <input type="checkbox"/> Compressive force <input type="checkbox"/> Lying down <input type="checkbox"/> Tender to touch <input type="checkbox"/> Coughing <input type="checkbox"/> Overhead motion and reaching <input type="checkbox"/> Twisting <input type="checkbox"/> Damp weather <input type="checkbox"/> Pushing/Pulling <input type="checkbox"/> Walking <input checked="" type="checkbox"/> Exercise <input type="checkbox"/> Range of motion <input checked="" type="checkbox"/> Weight bearing </div>		
Associated Symptoms <div> <input type="checkbox"/> None <input type="checkbox"/> Locking episodes <input type="checkbox"/> Swelling <input type="checkbox"/> Buckling episodes <input type="checkbox"/> Numbness <input type="checkbox"/> Tingling <input type="checkbox"/> Change in Bowel or Bladder <input type="checkbox"/> Popping <input type="checkbox"/> Warmth <input checked="" type="checkbox"/> Cracking <input type="checkbox"/> Radiation down leg <input type="checkbox"/> Weakness <input type="checkbox"/> Instability <input type="checkbox"/> Stiffness <input type="checkbox"/> Other / Not Listed </div>		
Prior Imaging <input type="checkbox"/> None <input type="checkbox"/> EMG <input type="checkbox"/> Ultra Sound <input type="checkbox"/> Bone Scan <input checked="" type="checkbox"/> MRI <input checked="" type="checkbox"/> X-Ray <input type="checkbox"/> CT Scan		
Previous Surgery No		
Pain Management Physician Visit No		
Do you take blood thinners? No		

Texas Orthopaedic Associates
8210 Walnut Hill Lane, Suite 130, LB111, Dallas, TX

Page: 1 of 1

Provider: James Montgomery

JO-00767

Patient Name: Olawale, Jamize
Injury/Illness Left Lumbar Muscle Spasm
Injury/Illness Date: 09/09/2015 09:25 AM
Description: Left

Clinical Codes:	Code	Description
	230900	Lumbar Back Muscle Spasm

Background Details:

- Nature of Injury **New Onset**
- When was the Injury Reported? **Reported within 24 hrs**
- Description of Onset **The athlete reported doing squats and clean pulls in the weight room yesterday, and that is why he thinks his back is sore.**
- Team Activity When Injury Occurred **Strength and Conditioning**
- Team Activity Strength and Conditioning **Strength training**
- Position at Time of Injury **Running Back**
- Position at Time of Injury: If Running Back **Fullback**
- Background Screen Complete: **Yes**
- At the time of onset, was the player removed from participation: **No, Player continued participation**
- Following the session, was the player restricted from participation in subsequent sessions? **No, Continued at Full Participation**

2015-09-09

Notes:	User	Detailed Note
	Rabelo, Emilio	The athlete reported to the training room this morning with c/o low back soreness along his L paraspinals. He said that he thinks it is from the team lift yesterday which included squats. He has no c/o radiculopathy. His trunk ROM is WNL with flexion and L SB giving him most of his discomfort. Impression is lumbar spasm.

Modalities:	
	<ul style="list-style-type: none">◦ Hydroc Hot Pack: 1◦ Pre Mod: 1◦ Myofascial Release: 1◦ Deep Muscle Stim: 1

Patient Name: Olawale, Jamize

Injury/Illness Right Lumbar Muscle Spasm

Injury/Illness Date: 10/27/2015 11:23 AM

Description: Right

Clinical Codes:

Code	Description
230900	Lumbar Back Muscle Spasm

Background Details:

- o Nature of Injury **New Onset**
- o When was the Injury Reported? **Immediately**
- o Description of Onset **The athlete was squatting and when he reached the bottom position he felt a "crunch" and then pain in his lower back.**
- o Team Activity When Injury Occurred **Strength and Conditioning**
- o Team Activity Strength and Conditioning **Strength training**
- o Position at Time of Injury **Running Back**
- o Position at Time of Injury: If Running Back **Fullback**
- o Background Screen Complete: **Yes**
- o At the time of onset, was the player removed from participation: **Yes, Player was removed and did not return to the session**
- o Following the session, was the player restricted from participation in subsequent sessions? **No, Continued at Full Participation**

2015-11-11

Modalities: o Warm Whirlpool:1

2015-11-10

Modalities: o Warm Whirlpool:1

2015-11-04

Modalities: o Warm Whirlpool:1

2015-10-28

Modalities: o Massage:1

2015-10-27

Notes:

User	Detailed Note
Rabelo, Emilio	The athlete reported to the training room with c/o LBP. He said that he was squatting and when he reached the bottom position he felt a "crunch" and then pain. He has point tenderness over his R paraspinals with no c/o radicular symptoms. He has limited trunk flexion ROM due to pain and due to hamstring tightness. His extension ROM also seems limited and he has c/o pain in that direction as well. All other trunk movements have full ROM and he has pain with R rotation as well. Impression is a R lumbar paraspinal spasm.

Modalities:

- o Hydroc Hot Pack:1
- o Stretch:1
- o Deep Muscle Stim:1
- o Pre Mod:1

OAKLAND RAIDERS ORGANIZATION
TRAINING ROOM – ROD MARTIN
DATE OF EXAM: 12/09/2016
PLAYER: OLAWALE, JAMIZE

PROGRESS REPORT

HISTORY: Player comes in for check of his neck and his left upper extremity. He was seen yesterday where he stated he had a stinger with some residual sensory loss in his thumb and his forearm area.

PHYSICAL EXAMINATION: On examination last night, he had full range of motion of his neck. He had normal strength of his upper extremity.

On today's examination, he has improvement of his sensation, but he still has some numbness in the C6 dermatomal region. His neck has full range of motion. There is no tenderness in his neck.

He had an MRI scan this morning, which showed a disc bulge, what appears to be in the central area of C4/C5. There do not appear to be any significant other abnormalities in the region of the C6 left-sided nerve root. The radiologist report is pending.

ASSESSMENT: Recurrent stingers with some decreased sensation around the C6 nerve root.

RECOMMENDATION: The patient was placed on a Medrol Dosepak last night and does feel improvement. A long discussion was carried out with him regarding the risks of recurrent stingers in the neck and upper extremity.

He will work with the equipment manager and the trainers to try to help develop improvement in his shoulder pads and with his neck and shoulder musculature.

He will follow up as needed. Instructions were given to him.

Warren King, M.D.

MD2MD: D: 12/09/2016 12:58:42 pm T: 12/10/2016 10:23:03 pm
Job#: 747518/Doc#: 875999/Transc: BVT

THE OAKLAND RAIDERS
END OF SEASON (2016) PHYSICAL EXAMINATION

Players Name: Olawale, Jamize Date: 1-8-17

TO BE COMPLETED BY PLAYER

Please check Item 1 or Item 2, whichever is appropriate:

1. ☐ I am, on this date, suffering from NO past or present physical injuries or medical problems.
2. ☒ I am currently suffering from the following listed physical injuries (past or present) or medical conditions.

Numbness in my shoulder / Arm, lack of strength (left side)

Please answer the following questions:

Are you at present free of Injury, Illness, or Discomfort [☐ YES [☐ NO
If "NO," please give full details.

No
numbness in left shoulder / arm, lack of strength

Are you currently physically able to perform all of the duties required in professional football? [☐ YES [☐ NO
If "NO," please give full details.

Yes

Have you missed any playing time during the season as a result of Injury, Illness, Discomfort, or any other reason?

[☐ YES [☐ NO
If "YES," please give full details.

No

During the season, have you suffered any Injury, Illness or Discomfort for which you have NOT sought any of the following:

If "YES," please give full details.

1. Medical Advice?	[<input type="checkbox"/> YES	[<input checked="" type="checkbox"/> NO	_____
2. Diagnosis?	[<input type="checkbox"/> YES	[<input checked="" type="checkbox"/> NO	_____
3. Treatment?	[<input type="checkbox"/> YES	[<input checked="" type="checkbox"/> NO	_____

I have been advised of my rights to worker's compensation benefits, including benefits related to cumulative trauma, and been given a worker's compensation brochure and was told to read it so that I understand the benefits available to me.

Player's Signature [Signature] Date 1/8/16

ORTHOPEDIC EXAM

HEAD INJURY Suffered during the season? [] YES [X] NO Details:	EXAM NORMAL EXAM Yes/No <u>(Yes)</u>
CERVICAL, THORACIC, LUMBAR SPINE INJURY Suffered during the season? [] YES [] NO Details: ② Stage 6th level (10 career)	EXAM <u>One</u> weak Sup. Sp. 5-6 Br. qd 5-6
SHOULDER INJURY Suffered during the season? [] YES [X] NO Details:	EXAM NORMAL EXAM Yes/No <u>(Yes)</u>
UPPER/LOWER ARM, ELBOW, WRIST, HAND AND FINGER INJURY Suffered during the season? [] YES [X] NO Details:	EXAM NORMAL EXAM Yes/No <u>(Yes)</u>

<p>PELVIS, HIP AND THIGH INJURY Suffered during the season? [YES] <input checked="" type="checkbox"/> NO Details:</p>	<p>EXAM</p> <p>NORMAL EXAM <input checked="" type="checkbox"/> Yes/No</p>
<p>KNEE INJURY Suffered during the season? [YES] <input checked="" type="checkbox"/> NO Details:</p>	<p>EXAM</p> <p>NORMAL EXAM <input checked="" type="checkbox"/> Yes/No</p>
<p>LOWER LEG, ANKLE, FOOT AND TOE INJURY Suffered during the season? [YES] <input checked="" type="checkbox"/> NO Details:</p>	<p>EXAM</p> <p>NORMAL EXAM <input checked="" type="checkbox"/> Yes/No</p>

TO BE COMPLETED BY TEAM PHYSICIAN: Please check Item 1 or Item 2, whichever is appropriate:

1. I have examined the above-listed player and found him to have NO physical injuries or orthopedic problems or conditions that would restrict him from unlimited participation in professional football.
2. I have examined the above-listed player and found him to have the above-listed orthopedic conditions or problems which need treatment, rehabilitation, or off-season surgery.

Estimated time of recovery from date of examination:

PASSES EXAMINATION / FAILS EXAMINATION

TEAM PHYSICIAN'S SIGNATURE _____ DATE 1-28-11

Patient Name : Olawale, Jamize

Problem :

2014-09-14 00:00:00.0

Modalities: ☐ IV : 1

Patient Name : Olawale, Jamize

Problem : B. Legs

2014-10-18 00:00:00.0

Modalities: ☐ Normatec Compression : 1

Patient Name : Olawale, Jamize

Problem : B. Legs

2015-04-08 00:00:00.0

Modalities: ☐ Normatec Compression : 1

Patient Name : Olawale, Jamize

Problem :

2016-10-09 00:00:00.0

Modalities: ☐ Prophylactic IV : 1

Patient Name : Olawale, Jamize

Problem :

2016-10-30 00:00:00.0

Modalities: ☐ Prophylactic IV : 1

Patient Name : Olawale, Jamize

Problem :

2016-11-21 00:00:00.0

Modalities: ☐ Prophylactic IV : 1

Patient Name : Olawale, Jamize

Problem : Right Medial Arch

2017-11-13 00:00:00.0

Modalities:

Patient Name : Olawale, Jamize

Problem : Chiro

2018-04-19 00:00:00.0

Modalities: ☐ Chiropractic Treatment : 1[manual therapy gastrocnemius, soleus, Talus, deltoid ligament, spring ligament, dictated by Dr. Landon Christy, DC]

Patient Name : Olawale, Jamize

Problem : Chiro

2018-05-08 00:00:00.0

Modalities: ☐ Chiropractic Treatment : 1[CMT performed on his pelvis and lumbar areas. Manual therapy performed on his hips bilaterally and gluteal musculature bilaterally. Dictated by Fred Casper DC.]

Patient Name : Olawale, Jamize

Problem : Chiro

2018-05-10 00:00:00.0

Modalities: ☐ Chiropractic Treatment : 1[manual therapy iliopectas, TFL, Glute musculature, IT band, SI joint, sacral ligaments, piriformis, ischial tuberosity, dictated by Dr. Landon Christy, DC]

Patient Name : Olawale, Jamize

Problem : Chiro

2018-05-15 00:00:00.0

Modalities:

- Chiropractic Treatment : 1[CMT performed on his pelvis, lumbar, and Thoracic areas. Stretching performed on his cervical and upper thoracic spine. Patient stated that he had tightness in his left hamstring but did not want treatment on it. Dictated by Fred Casper DC.]

Patient Name : Olawale, Jamize

Problem : Chiro

2018-08-06 00:00:00.0

Modalities:

- Chiropractic Treatment : 1[manual therapy quadriceps, TFL, IT band, iliopectas, dictated by Dr. Landon Christy, DC]

Patient Name : Olawale, Jamize

Problem : Chiro

2018-08-16 00:00:00.0

Modalities:

- Chiropractic Treatment : 1[CMT and manual therapy performed on his cervical and upper thoracic spine. CMT performed using activator methods. Dictated by Fred Casper DC.]

Patient Name : Olawale, Jamize

Problem : manual therapy

2018-10-03 00:00:00.0

Modalities:

- Dry Needling : 1[DN L. mid back to relieve tension]

Patient Name : Olawale, Jamize

Problem : Chiro

2018-10-08 00:00:00.0

Modalities:

- Chiropractic Treatment : 1[manual therapy intercostalis, Pectoralis minor, pectoralis major, serratus anterior, thoracic paraspinal's, dictated by Dr. Landon Christy, DC]

Patient Name : Olawale, Jamize

Problem : Chiro

2018-10-16 00:00:00.0

Modalities:

- Chiropractic Treatment : 1[CMT performed on his right upper thoracic and right rib cage. Dictated by Fred Casper DC.]

Patient Name : Olawale, Jamize

Problem : Chiro

2019-05-22 00:00:00.0

Modalities:

- Chiropractic Treatment : 1[manual therapy medial hamstrings, adductors , dictated by Dr. Landon Christy, DC]

Patient Name : Olawale, Jamize

Problem : Chiro

2019-05-21 00:00:00.0

Modalities:

- Chiropractic Treatment : 1[manual therapy performed on his right hamstring. Dictated by Fred Casper DC.]

Patient Name : Olawale, Jamize

Problem : Chiro

2019-05-28 00:00:00.0

Modalities:

- Chiropractic Treatment : 1[manual therapy performed on his hamstrings bilaterally. Dictated by Fred Casper DC.]

Patient Name : Olawale, Jamize

Problem : Chiro

2019-07-27 00:00:00.0

Modalities:

- Chiropractic Treatment : 1[manual therapy calcaneus, talus, spring ligament, Achilles, soleus, gastrocnemius, dictated by Dr. Landon Christy, DC]

Patient Name : Olawale, Jamize

Problem : Chiro

2019-07-28 00:00:00.0

Modalities:

- Chiropractic Treatment : 1[manual therapy calcaneus, Achilles, plantar fascia, talus, dictated by Dr. Landon Christy, DC]

Patient Name: Olawale, Jamize
Injury/Illness C-Spine BP Right Side
Injury/Illness Date: 08/15/2018 08:29 PM
Description: Right

Clinical Codes:	Code	Description
	091010	Neck Brachial Plexus Stretch

Background Details:	<ul style="list-style-type: none">o Nature of Injury New Onseto When was the Injury Reported? Immediatelyo Description of Onseto Team Activity When Injury Occurred Practiceo Team Activity Practice 11 on 11o If 11 on 11 Run (Inside Tackle)o Position at Time of Injury Running Backo Position at Time of Injury: If Running Back Fullbacko Background Screen Complete: Yeso At the time of onset, was the player removed from participation: Yes, Player was removed and returned to the same sessiono Following the session, was the player restricted from participation in subsequent sessions? No, Continued at Full Participationo Primary Player Activity at Time of Injury Blockingo If Blocking Above Waisto Primary Mechanism Type Direct Contact: To injured body part OR immediately above / below injured body parto If Direct Contact: To Injured body part OR Immediately above / below Injured body part With Playero Primary Mechanism of Injury Direct Impact
	091010 Neck Brachial Plexus Stretch

Orders:	Rx:
	o Start Metaxalone 800 MG Tablet 1 tablet Orally Three times a day , for as needed , Dispense: 4 (Start Date: 2018-08-16 00:00:00.0) (Stop Date: 08/17/2018)

2018-08-28

Notes:	User	Detailed Note
	Brown, Britt	Jamize had no complaints and practiced unrestricted.

2018-08-26

Notes:	User	Detailed Note
	Maurer, Jim	Jamize played in the game vs. Arizona with no problems.

2018-08-24

Notes:	User	Detailed Note
	Brown, Britt	Jamize had no complaints and practiced unrestricted.

2018-08-23

Notes:	User	Detailed Note
	Brown, Britt	Jamize had no complaints and practiced unrestricted.

2018-08-22

Notes:	User	Detailed Note
	Brown, Britt	Jamize did not report today. He has been fully practicing.

2018-08-21

Notes:	User	Detailed Note
	Brown, Britt	Jamize had no complaints and practiced unrestricted.

2018-08-20

Notes:	User	Detailed Note
	Maurer, Jim	Jamize had no complaints and practiced unrestricted.

2018-08-19

Notes:	User	Detailed Note
	Brown, Britt	Jamize fully participated in the game with no Issues. He had no complaints after the game.

2018-08-15

Notes:	User	Detailed Note
	Maurer, Jim	C-Spine BP Right Side
	Maurer, Jim	Jamize was injured in the team drill today while blocking another player. He sustained a BP stretch mechanism. He was examined on the field and was able to demonstrate good strength and was allowed to return. He had no more issues during practice and was reexamined post practice. he was treated and will be rechecked in the a.m. Jamize sustained a right-sided stinger in practice today Is pulled off the field immediately afterwards and examined he was unclear as to whether was a compression or stretch sided Injury he felt initially was more compression but then to

DAL, Consulting Provider	examination and through discussion concluded that he was leading with that pad and feels like it was more of a stretch injury he has had a history of stingers on the left side in the past and does not state these at problem the right side. On exam he is examined both on the field and off the field on the field he initially was complaining its of sensation loss and tingling in his right upper extremity all the way to his hand that quickly diminished in the way strength exam on the field was symmetric to his contralateral uninvolved extremity a negative Spurling good Isometric cervical strength no appreciable weakness in his right upper extremity off the field and the training room after practice. His only identifiable neurologic deficit was very trace weakness in active triceps extension on the right side compared to the left side his sensory exam his motor exam is otherwise completely benign as was his cervical isometric strength Spurling maneuvers and cervical range of motion and strength testing assessment and plan we'll continue treatment tonight hold him out and examined in the morning only if his symptoms are 100% resolved and he has no focal findings in perfect symmetric strength I will allow him to play also dependent on the level contact in practice tomorrow if he continues to have persistent pain we will image his cervical spine. Dictated By Dr. Michael Khair
	Modalities: <ul style="list-style-type: none">Interfntl:1Ice:1

Patient Name: Olawale, Jamize

Injury/Illness Left Upper Back Strain

Injury/Illness Date: 10/07/2018 09:04 AM

Description: Left

Code	Description
224010	Thoracic Back Rhomboid Strain
113120	Clavicle S-C Sprain/Anterior 1 Deg

Background Details:

- o Nature of Injury **New Onset**
- o When was the Injury Reported? **Immediately**
- o Description of Onset
- o Team Activity When Injury Occurred **Game**
- o Team Activity Game **Offense**
- o If Offense **Unknown**
- o Activity Segment **1st quarter**
- o Foul **Not Applicable**
- o Position at Time of Injury **Running Back**
- o Position at Time of Injury: If Running Back **Fullback**
- o Background Screen Complete: **Yes**
- o At the time of onset, was the player removed from participation: **No, Player continued participation**
- o Following the session, was the player restricted from participation in subsequent sessions? **No, Continued at Limited Participation (less than 100% of player's normal repetitions)**
- o Primary Player Activity at Time of Injury **Unknown**
- o Primary Mechanism Type **Unknown/Inconclusive**
- o Primary Mechanism of Injury **Unknown/Inconclusive**

Orders:

224010 Thoracic Back Rhomboid Strain

Rx:

- o Start Naproxen 500 MG Tablet Delayed Release 1 tablet Orally Twice a day , for 15 days , Dispense: 30 Tablet (Start Date: 2018-10-08 00:00:00.0) (Stop Date: 10/23/2018)
- o Start Ketorolac Tromethamine 10 MG Tablet 1 tablet with food or milk as needed Orally Once a Day , for 1 days , Dispense: 1 Tablet (Start Date: 2018-10-07 00:00:00.0) (Stop Date: 10/08/2018)
- o Start Ketorolac Tromethamine 30 MG/ML Solution 0.5 ml as needed Injection Once a Day , for 1 days , Dispense: 1 (Start Date: 2018-10-07 00:00:00.0) (Stop Date: 10/08/2018)
- o Start Ketorolac Tromethamine 30 MG/ML Solution 0.5 ml as needed Injection Once a Day , for 1 days , Dispense: 2 (Start Date: 2018-10-14 00:00:00.0) (Stop Date: 10/15/2018)

2018-10-24

Notes:

User	Detailed Note
Brown, Britt	Jamize did not report for any treatment. He practiced full.

2018-10-23

Notes:

User	Detailed Note
Brown, Britt	Jamize did not report for any treatment.

2018-10-21

Notes:

User	Detailed Note
Brown, Britt	Jamize played in the game vs. Redskins with no problems.

2018-10-19

Notes:

User	Detailed Note
Brown, Britt	Jamize continued treatment and practiced with no issues.

2018-10-18

Notes:

User	Detailed Note
Brown, Britt	Jamize continued treatment and practiced with no issues.

2018-10-17

Notes:

User	Detailed Note
Brown, Britt	Jamize continued treatment and practiced with no issues.

2018-10-16

Notes:

User	Detailed Note
Brown, Britt	Jamize did not report for any treatment.

2018-10-15

Notes:

User	Detailed Note
Maurer, Jim	Jamize was not in for sick call and texted me that the shoulder and back felt fine with no issues. He will be rechecked in the a.m.

2018-10-14

Notes:

User	Detailed Note
------	---------------

	Maurer, Jim	Jamize played in the game vs. Jax with no problems.
2018-10-12		
Notes:	User	Detailed Note
	Brown, Britt	Jamize continued treatment and practiced with no Issues.
2018-10-11		
Notes:	User	Detailed Note
	Brown, Britt	Jamize continued treatment and practiced with no Issues.
Modalities:	<ul style="list-style-type: none">o Ultrasound : 1o Interfntl: 1o Hot Whirlpool : 1o Hydrocollator Pack : 1	
2018-10-10		
Notes:	User	Detailed Note
	Brown, Britt	Jamize continued treatment and practiced with no Issues.
Modalities:	<ul style="list-style-type: none">o Shortwave Diathermy: 1o Interfntl: 1o Ice: 1	
2018-10-09		
Notes:	User	Detailed Note
	Brown, Britt	Jamize continued treatment.
Modalities:	<ul style="list-style-type: none">o Shortwave Diathermy: 1o Ice: 1	
2018-10-08		
Notes:	User	Detailed Note
	Cooper, Dan	follow-up exam shows no significant tenderness in the interscapular region. He does have some discomfort there but no tenderness. He is to has mild tenderness in the upper thoracic anterior region just distal to the sternoclavicular joint on the left. This is in the region of the costochondral junction adjacent to the sternum. The sternum itself and manubrium are not tender. The inferior aspect of the left AC joint is a little bit tender. X-rays: A PA and lateral chest x-ray normal. Mediastinum is normal. Lordotic view of the SC joints normal. Clavicle normal. Impression left-sided upper thoracic compression injury probably involving a degree of sprain to the rib facet and anterior costochondral region. Possible mild sprain of the left AC left sternoclavicular joint. Plan treatment modalities. Naprosyn. Possibly modify his shoulder pads. Most likely full participation.
	Cooper, Dan	he's had some interscapular pain and anterior left-sided costochondral or sternoclavicular pain since Thursday when he took a hit. This is my first evaluation. It seems like this might be a rib facet injury or costochondral injury anteriorly. He has minor tenderness at the sternoclavicular joint. Procedure: I did a manipulation of his rib facet on the left side in the mid thoracic region. I did feel a little click and he seemed to think that this helped him. He was able to continue participating.
Modalities:	<ul style="list-style-type: none">o Shortwave Diathermy: 1o Interfntl: 1o Ice: 1	
2018-10-07		
Notes:	User	Detailed Note
	Maurer, Jim	Left Upper Back Strain
	Maurer, Jim	Jamize is complaining of some upper back pain which initially presented last Wednesday following practice. In the 1st quarter of the game vs. Houston, Jamize experienced increased soreness in the back. He finished the first half and was evaluated at halftime by Dr. Cooper. This is beleived to be either a rhomboid strain or a possible rib facet injury. Dr. Cooper attempted manipulation of the rib with some success and Jamize was able to finish the game. He was iced and will be rechecked in the a.m.



OLAWALE, JAMIZE

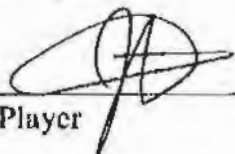
Date: January 13, 2019

Dallas Cowboys
Post-Season Physical Examination

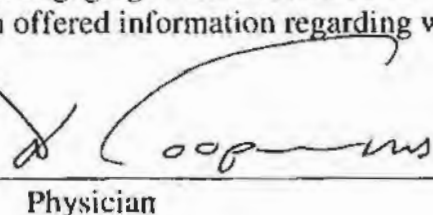
The following injuries or conditions have been noted during the 2018 season:

Left Ankle ATF
Left Quad Strain
C-Spine BP Stretch
Left Rhomboid/SC Sprain

I have been examined during a Post-Season Physical Examination and hereby declare that I have advised my employer of all my injuries (physical and mental) and such injuries do not preclude me from engaging in the activities of a Professional Football Player. I have been offered information regarding workers compensation.



Player



Physician

I have been examined during a Post-Season Physical Examination and hereby declare that I have advised my employer of all my injuries (physical and mental) and such injuries do not preclude me from engaging in the activities of a Professional Football Player, with the following exceptions(s): _____

I have been offered information regarding workers' compensation.

Player

Physician

DALLAS COWBOYS

Olawale, Jamize



ACKNOWLEDGEMENT OF RECEIPT OF MEDICAL INFORMATION

At a physical examination on June 10, 2019, I have been informed by the Club physician that I have the following physical condition(s):

Left Great Toe
Left Knee MCL
Left Ankle DJD
Left Rhomboid/SC Sprain

Both AC
Concussion
Left Quad Strain

Foot PF
Both Hamstring
C-Spine BP Stretch

1. To the best of my knowledge, I do **not** have any medical problem(s) other than those noted on this physical exam form.

JRO
Initials

2. I have received a full explanation from the Club physician that to continue to play professional football may result in the aggravation or deterioration of previous and/or present injuries and/or sustaining new injuries, during my employment by Club.

JRO
Initials

3. I also fully understand that any or all of the injuries sustained while participating in professional football **could** result in future permanent physical disability.

JRO
Initials

4. I represent that I am **not** now suffering from any physical and/or mental disability, which prevents me from playing professional football.

JRO
Initials

5. I fully understand the possible consequences of playing professional football with the physical condition(s) set forth in paragraph 1 above. Nevertheless, I desire to continue to play professional football and hereby assume the risk of the matters set forth in paragraph 2 above.

JRO
Initials

July 26, 2019

Date

Witness

Player

Club Physician

DALLAS COWBOYS

Marvin Van Hai, M.D.

BOARD CERTIFIED, AMERICAN BOARD OF ORTHOPEDIC SURGERY

729 West Bedford-Euless Road, Suite 106

Hurst, Texas 76053

(817) 282-1012

(817) 282-1015 Fax

01/11/2021

OLAWALE, JAMIZE

DOB: [REDACTED]

Mr. Olawale is 31 years of age and presented on 01/11/2021 for evaluation of his low back pain which has been intermittent over the last eight years. He has been actually with the Dallas Cowboys now as a fullback over the past three years but opted out this year because of COVID-19. He states that he tries to work out at least three days a week but he is having problems in his back but also some paresthesias in his feet. He states that Valsalva does not change his symptoms. He does have decreased tolerance to prolonged standing or walking. He cannot sleep in a prone position. He does admit to having a motor vehicle accident in his high school years and had documentation of bulging disks. He considers his pain to be getting worse.

CURRENT SYMPTOMS: Include that of low back pain as well as bilateral foot discomfort with prolonged standing, walking, and even sitting and lying prone. It is better with changing positions.

The patient has had no formal therapy or injection treatment.

The patient denies any fevers, chills, or sweats. No bowel or bladder control problems are noted.

PMH:

ALL: Sunscreen causes swelling.

MEDS: Only over-the-counter medications for headaches otherwise no formal medications are prescribed.

SURG: Oral surgery in 2020 and the patient had an impacted tooth before.

ILL: Denies any major medical problems such as hypertension, heart problems, kidney, liver, or stomach disorders.

SOCIAL HX:

The patient is married with three children.

Smoking: None.

Alcohol use: Rare.

FAMILY HX:

Noncontributory, only spine dysfunction in himself.

ROS:

The patient denies glasses, depression, or insomnia. He does have migraine type headaches and he takes over-the-counter medications for those. The review of systems was completed. He does admit to headaches, back pain, difficulty with prolonged walking, and also chicken pox in the past.

PHYSICAL EXAM:

VS: Height 6'0", weight 240, pulse 75, respirations 15. Pain level varies depending on his activity.

HEENT: PERRL, EOMs full.

CHEST: No localized tenderness on palpation or respiratory distress.

JO-00782

OLAWALE, JAMIZE

01/11/2021

Page 2 of 3

ABDOMEN: Soft and nontender without guarding or rebound on abdominal compression and palpation.

CERVICAL SPINE ROM:

Flexion: Chin comes to the chest. The patient did have some midline pain noted in the cervical spine on end range.
Extension: 60°.
Rotation: 60° to the right and left.
Spurling's Sign: Negative for any radicular pain but mild midline discomfort.
Hoffman's: Negative bilaterally.

LUMBAR SPINE ROM:

Forward flexion: Fingertips come to the mid tibia and there is no radiation.
Extension: 20° and then there was increased low back pain in the L4-S1 zone.
Gait: Normal heel-toe gait for the lower back and legs.
Tenderness:
Straight leg raise: Seated - Negative bilaterally.
 Supine - Hamstring tightness was noted but no distinct dermatomal deficit reported or noted. Lasègue's was negative bilaterally for radicular pain.
Prone Push-up: Increased low back pain in the L4-S1 zone.
FABERs: Negative bilaterally.
Calf Circumference: 45 cm on the right and 44.5 cm on the left.

SHOULDER ROM:	RIGHT	LEFT
Forward flexion		
passive:	160°	160°
Impingement Arc:	Negative	Equivocal

NEUROLOGICAL EXAM:

UPPER EXTREMITIES:	LEFT	RIGHT
Sensation, C5-T1:	Normal	Normal
Motor, C5-T1:	5/5	

LOWER EXTREMITIES:

Sensation, L1-S1:	Normal	Normal
Motor, L1-S1:	5/5 including the L5 and S1 myotomes	
Reflexes, LE:		
Knee:	Trace to absent	Absent
Ankle:	Absent bilaterally even with augmentation of the reflex	

IMAGING: None was available for review. The patient does report he has had some imaging in the distant past but nothing recent.

IMPRESSION:

1. Lumbar sprain/strain with possible central canal stenosis which would account for the symptoms that the patient is manifesting.
2. History of migraine headaches under adequate control.

JO-00783

OLAWALE, JAMIZE

01/11/2021

Page 3 of 3

PLAN:

1. Proceed with x-rays of the lumbar spine to include AP, lateral, flexion, extension.
2. MRI of the lumbar spine to help give definition as to the severity of the compression as a basis for the irritation that the patient notes in both lower extremities.
3. We will have the patient follow-up here at the office if that works for him after the MRI and x-rays are completed.

Thank you again for the opportunity to evaluate Mr. Olawale.

Marvin Van Hal, M.D., Orthopaedic Surgeon

Fellowship Trained Spine Surgeon
Diplomate American Board of Orthopaedic Surgery
TDI Approved Designated Doctor
Texas License #: H9171

MVH/dmos

JO-00784

Marvin Van Hai, M.D.

BOARD CERTIFIED, AMERICAN BOARD OF ORTHOPEDIC SURGERY

729 West Bedford-Eules Road, Suite 106
Hurst, Texas 76053
(817) 282-1012
(817) 282-1015 Fax

01/28/2021

TELEMED NOTE

OLAWALE, JAMIZE

DOB: [REDACTED]

The patient was seen today via telemedicine due to the Coronavirus. He has had now the MRI as well as x-rays of the lumbar spine. The good news is there is no large disk herniation. He does have an annular fissure at L5-S1 and facet changes at L4-L5 and L5-S1. Of concern though is there is a lucency across the pars at L5 but no listhesis is appreciated.

The patient does report that he is still having residual pain in the back. He is on hold this year for the Dallas Cowboys as a fullback. The difficulty here is that he has to stay very physically fit. Whether or not his back is going to tolerate that heavy lifting activity with the findings that we have at age 31 is indeterminate.

I advised that treatment for this can vary up to fusion of the back as well. We did this visit today on telemedicine and Facetime specifically and with that we were able to show him the pictures of the lumbar spine x-ray as well as MRI which took considerable time and effort.

Past medical history is unchanged. He is still reporting significant discomfort with the lumbar spine.

EXAM: Vital signs are unable to be taken because of the telemedicine platform. The patient is alert and oriented x 3. He appears in no acute distress. HEENT was normal. No respiratory distress. No report of any COVID-19 symptoms.

I did not have the patient do flexion extension today. He is not reporting any new neurological changes. He had excellent strength in the past as well as the sensation was normal.

IMAGING: MRI was reviewed showing the facet changes worse on the left and mild on the right at L4-L5 and L5-S1 and at L5-S1 there is also an annular fissure and end plate discogenic edema. Lucency was noted on the plain films across the pars.

IMPRESSION: Probable pars defect as noted on x-ray at L5 without any appreciated listhesis.

PLAN:

1. We discussed the patient's issue that he needs to address. He will need to discuss this with others.
2. I offered to have the patient receive the reports and we will get those sent.
3. Follow-up here in six weeks for in-person exam.

Extra time was used going over the imaging studies in detail with the patient.

JO-00785

OLAWALE, JAMIZE

01/28/2021

Page 2 of 2

*Due to the Coronavirus, we did this review and evaluation under Telemedicine technique. Prescription monitoring program profile was checked.

Marvin Van Hai, M.D., Orthopaedic Surgeon

Fellowship Trained Spine Surgeon

Diplomate American Board of Orthopaedic Surgery

TDI Approved Designated Doctor

Texas License #: H9171

Billing: (99214)

MVH/dmos

JO-00786

University of North Texas

Episode History for OLAWALE, Jamize

Episode # 00278

06-Nov-2009 thru 03-Sep-2011

Wed 09-May-2012 11:08 Page 1

Day	Date	Days Elapsed	Activity	Description
Fri	12-Aug-2011	0	Injury/Illness	R SHOULDER > SPRAIN > ACROMIOCLAVICULAR JOINT EPISODE: 00278 WC Required: WC Done: OSHA Required: OSHA Done: Group Sport Pos: PL MFB WR

Olawale, Jamize



ACKNOWLEDGEMENT OF RECEIPT OF MEDICAL INFORMATION

At a physical examination on June 11, 2012, I have been informed by the Club physician that I have the following physical condition(s):

Left Great Toe

Right AC Joint

1. To the best of my knowledge, I do **not** have any medical problem(s) other than those noted on this physical exam form.

JRO
Initials

2. I have received a full explanation from the Club physician that to continue to play professional football may result in the aggravation or deterioration of previous and/or present injuries and/or sustaining new injuries, during my employment by Club.

JRO
Initials

3. I also fully understand that any or all of the injuries sustained while participating in professional football **could** result in future permanent physical disability.

JRO
Initials

4. I represent that I am **not** now suffering from any physical and/or mental disability, which prevents me from playing professional football.

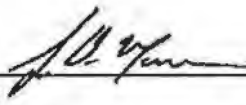
JRO
Initials

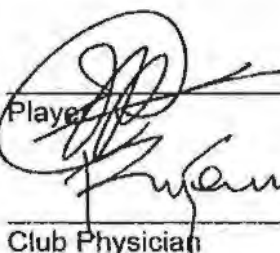
5. I fully understand the possible consequences of playing professional football with the physical condition(s) set forth in paragraph 1 above. Nevertheless, I desire to continue to play professional football and hereby assume the risk of the matters set forth in paragraph 2 above.

JRO
Initials

July 24, 2012
Date

Witness



Player 
Club Physician

Dallas Cowboys Football Club Cowboys Center One Cowboys Parkway Irving, Texas 75083-4900
972/556-0900 972/556-0304 Fax www.dallascowboys.com

Dallas Cowboys Football Club, Ltd
 Orthopedic Examination

Player: Jamize Olawale Date: 3.27.18 Position: _____ Status: _____

Surgeries: φ

Fractures: φ

MRIs: φ

Missed games/practices:
 (last two seasons)

Concussion x 1 game / 1st / 2nd Season

History		Exam		Region	Surgery / Details / Year	(Circle if +)
Pos	Neg	Abn	Nml			
<input checked="" type="checkbox"/>	<input type="checkbox"/>			Head		<u>Concussion</u> x 1
	<input checked="" type="checkbox"/>			Neck		<u>Buzziness</u>
	<input checked="" type="checkbox"/>			ROM		Burners
	<input checked="" type="checkbox"/>			Compression Test		Radicular
	<input checked="" type="checkbox"/>			Spurling's		Disc
	<input checked="" type="checkbox"/>			Sensory/DTRS		Collar
	<input checked="" type="checkbox"/>			Hoffman's		Fx
	<input checked="" type="checkbox"/>			Motor Strength		Injections
	<input checked="" type="checkbox"/>			Lumbar		
	<input checked="" type="checkbox"/>			ROM		Disc
	<input checked="" type="checkbox"/>			Scoliosis		Spondy
	<input checked="" type="checkbox"/>			Dossett Test		Tightness
	<input checked="" type="checkbox"/>			Lordosis		Radicular
	<input checked="" type="checkbox"/>			Motor		Dosepak?
	<input checked="" type="checkbox"/>			Sensory		Fx
	<input checked="" type="checkbox"/>			DTRS		Injections
	<input checked="" type="checkbox"/>			SLR		WR. Restrictions
	<input checked="" type="checkbox"/>			Babinski		
<input checked="" type="checkbox"/>	<input type="checkbox"/>			Shoulder		<u>Fx</u> - ? 5/1
	<input type="checkbox"/>			ROM		<u>AC</u>
	<input type="checkbox"/>			Crank		Instability
	<input type="checkbox"/>			LD/Shift-Stability		Rotator Cuff
	<input type="checkbox"/>			Impingement		Bursitis
	<input type="checkbox"/>			RC Strength		SLAP
	<input type="checkbox"/>			AC Joint		Ant. Labrum
	<input type="checkbox"/>					Post. Labrum
	<input type="checkbox"/>			Elbow		Pec.
	<input type="checkbox"/>			ROM		Dislocation
	<input type="checkbox"/>			Stability-UCL		Hyperextension
	<input type="checkbox"/>			Bursa		Tendinitis
	<input type="checkbox"/>			Epicondyles		Fx

Can't remember

normal on exam

History		Exam				Region	Surgery / Details / Year	(Circle if +)
Pos	Neg	RT		LT				
		Ab	NI	Ab	NI			
	✓					Forearm/Wrist		Radius/ulna Fx
						ROM		TFCC
						Snuffbox		S-L Ligament
						SL Tenderness		Scaphoid Fx
	✓					Hand		Gamekeeper's
						Thump MCP		Fingers-PIP Def.
						Deformity		MC FX
								Dislocation
	✓					Pelvis		
						SI Joint		Sports Hernia
						Pubis		SI Joint
						Rocker Test		Osteitis Pubis
						Inguinal Floor		
	✓					Hips		
						ROM		DJD
						FAI-Pain		Groin-Adductor
								FAI- Scope
								Hip Flexor
								<u>Hamstring</u>
								<u>Quad Strain</u>
								Quad Contusion
								Rectus Tear
						Thigh		
						Defects		
						Flexibility		
						Weakness		
						Knee		
						Effusion		ACL-BTB/HS/ALLO
						ROM		<u>MCL</u>
						PF Crepitus		LCL
						PF Alignment		PCL
						Valgus 0°		PF-Inst. / DJD
						Valgus 30°		Loose Body
						Varus 0°		Meniscus
						Varus 30°		DJD
						Lachman's		Wear Brace?
						Pivot Shift		Scoped?
						Anterior Drawer		Pat. Tendinitis
						Posterior Drawer		Asp. Injection
						Hyperextension (phys.)		OCD
						Hyperflexion test		
						Joint Line Tenderness		
						Patellar Tendon		
						Ankle		
						Stability		DJD
						ROM		Lat Sprains
						Achilles		<u>Syndesmosis</u>
						Foot		OCD
						Arch		Lisfranc's
						ROM		5th MT
						5th MT		<u>Plantar Fascia</u>
						Plantar Fascia		Achilles
						Hallux		PT Achilles
						Sesamoids		Turf Toe
						ROM		Sesamoids
								Fx

	<u>VIEWS</u>	<u>INTERPRETATIONS</u>
X-rays:		
1.)	(L) / r 4v	Normal. No OA
2.)	(L) Ant. 3v	Old HHS. w/ cast and minor deg
3.)		
4.)		

Remarks:

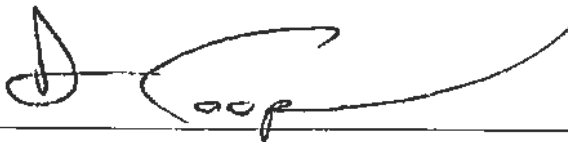
No concerns

Medical Grade: 1 2 3V 3 3A (4) 5

Waiver:



Signature



Print Name

Team Physician, Dallas Cowboys Football Club

Patient Name: Olawale, Jamize

Injury/Illness Right Back Trapezius Strain

Injury/Illness Date: 09/10/2014 12:10 AM

Description: Upper Back-Right-Spasm-Grade 1

Clinical Codes:

Code	Description
224030	Thoracic Back Trapezius Strain

Background Details:

- o Nature of Injury New Onset
- o When was the Injury Reported? Within 3 days
- o Description of Onset The athlete reported to the training room after practice with c/o posterior R shoulder pain. His pain is over his R rhomboids and levator. He said that he lowered his shoulder to hit someone yesterday in practice and that is when his pain began. He describes it as an aching pain, and he feels it when he raises his arm. There is no swelling or ecchymosis present. He is point tender over the insertion of his levator scapula. He has full ROM for in all planes except for IR on the R which is limited compared to the L shoulder. He has 4/5 strength for flexion, abduction, and ER on the R which seems to be due to pain. He has pain with empty can, O'Brians, and Hawkins impingement test, however none of his pain is in his shoulder.
- o Team Activity When Injury Occurred Practice
- o Team Activity Practice 11 on 11
- o If 11 on 11 Run (Inside Tackle)
- o Activity Segment 2nd quarter/2nd 25% of practice
- o Position at Time of Injury Running Back
- o Position at Time of Injury: If Running Back Fullback

2014-09-13

Modalities:

- o Combo:1
- o Hydroc Hot Pack:1

2014-09-12

Modalities:

- o Combo:1

2014-09-11

Modalities:

- o Myofascial Release:1

2014-09-10

Notes:

User	Detailed Note
Rabelo, Emilio	The athlete reported to the training room after practice with c/o posterior R shoulder pain. His pain is over his R rhomboids and levator. He said that he lowered his shoulder to hit someone yesterday in practice and that is when his pain began. He describes it as an aching pain, and he feels it when he raises his arm. There is no swelling or ecchymosis present. He is point tender over the insertion of his levator scapula. He has full ROM for in all planes except for IR on the R which is limited compared to the L shoulder. He has 4/5 strength for flexion, abduction, and ER on the R which seems to be due to pain. He has pain with empty can, O'Brians, and Hawkins impingement test, however none of his pain is in his shoulder.

Patient Name: Olawale, Jamize

Injury/Illness Right Shoulder Rotator Cuff Tendinitis/Acute

Injury/Illness Date: 10/12/2014 02:15 PM

Description: Shoulder-Right-Tendinitis-Grade 1

Code	Description
100610	Shoulder Rotator Cuff Tendinitis/Acute

Background Details:

- o Nature of Injury **New Onset**
- o When was the Injury Reported? **Within 3 days**
- o Description of Onset **Jamize said he stretched out his arm to make a tackle and felt pain in his shoulder. He continued to play the game and noticed that his soreness gradually increased. He finished the game and had difficulty sleeping that evening. This morning he has limited AROM in flexion,abd and ext. rot. Ant. shoulder point tenderness present. Dr. King also ealed.**
- o Team Activity When Injury Occurred **Game**
- o Team Activity Game **Special Teams**
- o If Special Teams **Kick-Off (Game)**
- o Activity Segment **2nd quarter/2nd 25% of practice**
- o Foul **Not Applicable**
- o Position at Time of Injury **Running Back**
- o Position at Time of Injury: If Running Back **Fullback**

N/A Other

- Orders:**
- Rx:**
- o Start Indomethacin ER 75 MG Capsule Extended Release 1 capsule with food Orally Once a day , for 30 day(s) , Dispense: 14 (Start Date: 2014-10-14 00:00:00.0) (Stop Date: 11/13/2014)
 - o Start Ketorolac Tromethamine 10 MG Tablet 1 tablet as needed Orally every 6 hrs , Dispense: 2 (Start Date: 2014-10-22 00:00:00.0)
 - o Start Ketorolac Tromethamine 10 MG Tablet 1 tablet as needed Orally every 6 hrs , Dispense: 1 (Start Date: 2014-10-28 00:00:00.0)
 - o Start Ketorolac Tromethamine 10 MG Tablet 1 tablet as needed Orally every 6 hrs , Dispense: 1 (Start Date: 2014-11-03 00:00:00.0)
 - o Start Ketorolac Tromethamine 10 MG Tablet 1 tablet as needed Orally every 6 hrs , Dispense: 1 (Start Date: 2014-11-11 00:00:00.0)
 - o Start Ketorolac Tromethamine 10 MG Tablet 1 tablet as needed Orally every 6 hrs , Dispense: 12 (Start Date: 2014-11-18 00:00:00.0)

2014-12-19

Modalities: o Warm Whirlpool:1

2014-12-01

Modalities: o Hydroc Hot Pack:1

2014-11-29

Modalities: o Warm Whirlpool:1
o Hydroc Hot Pack:1

2014-11-28

Modalities: o Warm Whirlpool:1

2014-11-27

Modalities: o Hydroc Hot Pack:1
o Pre Mod:1

2014-11-26

Modalities: o Hydroc Hot Pack:1
o Blowave Deep Wave Stimulation:1
o Warm Whirlpool:1
o Ultrasound :1

2014-11-25

Modalities: o Warm Whirlpool:1
o Hyberesis Iontophoresis Unit:1

2014-11-22

Modalities: o Warm Whirlpool:1
o Hyberesis Iontophoresis Unit:1

2014-11-20

Modalities: o Hyberesis Iontophoresis Unit:1

2014-11-19

Modalities: o Ultrasound :1

2014-11-16

Modalities: o Shortwave Diathermy:1
o Ultrasound :1

2014-11-09

Notes:

User	Detailed Note
Touchet, Scott	Jamize requested an Injection in his Shoulder from Dr. King prior to the game.

2014-11-08		
Modalities:	<ul style="list-style-type: none">o Warm Whirlpool:1o Hydroc Hot Pack:1o Interferential Current Therapy:1	
2014-11-07		
Modalities:	<ul style="list-style-type: none">o Hydroc Hot Pack:1o Blowave Deep Wave Stimulation:1	
2014-11-06		
Modalities:	<ul style="list-style-type: none">o Hydroc Hot Pack:1o Blowave Deep Wave Stimulation:1	
2014-11-05		
Modalities:	<ul style="list-style-type: none">o Hydroc Hot Pack:1o Blowave Deep Wave Stimulation:1	
2014-11-04		
Modalities:	<ul style="list-style-type: none">o Hydroc Hot Pack:1o Blowave Deep Wave Stimulation:1o Hyberesis Iontophoresis Unit:1	
2014-11-03		
Modalities:	<ul style="list-style-type: none">o Hydroc Hot Pack:1o Interferential Current Therapy:1o Ice Pack:1	
2014-11-02		
Notes:	User	Detailed Note
	Touchet, Scott	Jamize requested an Injection in his R. Shoulder from Dr. King prior to the game.
2014-11-01		
Modalities:	<ul style="list-style-type: none">o Ultrasound :1o Shortwave Diathermy:2o Blowave Deep Wave Stimulation:1	
2014-10-31		
Modalities:	<ul style="list-style-type: none">o Warm Whirlpool:1o Shortwave Diathermy:1o Hyberesis Iontophoresis Unit:1	
2014-10-30		
Modalities:	<ul style="list-style-type: none">o Hydroc Hot Pack:1o Pre Mod:1o Warm Whirlpool:1o Game Ready Cryotherapy:1	
2014-10-29		
Modalities:	<ul style="list-style-type: none">o Ice Pack:2o Hydroc Hot Pack:1o Pre Mod:1	
2014-10-28		
Notes:	User	Detailed Note
	Rabelo, Emilio	MHP and Blowave 15 min. Laser Joint Mobilizations AAROM Flexion 3 X 10 Pendulums 3 X 10 Scapular Retraction 3 X 10 Scapular Depression 3 X 10 Ice and IFC 15 min. The athlete reported to the training room this morning with slight improvements in his pain. He still has limited ROM and strength due to pain. He has pain even with PROM and after most of the ROM exercises and scapular exercises he still had pain. We will continue to work on decreasing his pain and inflammation in order to restore his ROM and strength.
Modalities:	<ul style="list-style-type: none">o Exercise:1o AROM:1o Hydroc Hot Pack:1o Interferential Current Therapy:2o Stretch:1o Ice Pack:1o Joint Mobilization:1	
2014-10-27		
Modalities:	<ul style="list-style-type: none">o Hydroc Hot Pack:1o Interferential Current Therapy:2o AROM:1o Dynatron X5:1o Joint Mobilization:1o Ice Pack:1	
2014-10-26		
Notes:	User	Detailed Note
	Touchet, Scott	Jamize requested an Injection in his R. Shoulder from Dr. King prior to the game.
2014-10-25		
Modalities:	<ul style="list-style-type: none">o Hydroc Hot Pack:1o Shortwave Diathermy:1o Massage:1	

	<ul style="list-style-type: none"> ◦ Stretch:1 				
2014-10-24					
Modalities:	<ul style="list-style-type: none"> ◦ Joint Mobilization:1 				
2014-10-23					
Modalities:	<ul style="list-style-type: none"> ◦ Hydroc Hot Pack:1 ◦ Blowave Deep Wave Stimulation:1 				
2014-10-22					
Modalities:	<ul style="list-style-type: none"> ◦ Warm Whirlpool:1 ◦ Hydroc Hot Pack:1 ◦ Blowave Deep Wave Stimulation:1 				
2014-10-21					
Modalities:	<ul style="list-style-type: none"> ◦ AROM:1 ◦ Hydroc Hot Pack:1 ◦ Interferential Current Therapy:1 ◦ Dynatron X5:1 				
2014-10-20					
Modalities:	<ul style="list-style-type: none"> ◦ Hydroc Hot Pack:1 ◦ Blowave Deep Wave Stimulation:1 ◦ Interferential Current Therapy:1 ◦ Game Ready Cryotherapy:1 				
2014-10-19					
Notes:	<table border="1"> <thead> <tr> <th>User</th> <th>Detailed Note</th> </tr> </thead> <tbody> <tr> <td>Touchet, Scott</td> <td>Jamize requested an injection in his R. Shoulder prior to the game from Dr. King.</td> </tr> </tbody> </table>	User	Detailed Note	Touchet, Scott	Jamize requested an injection in his R. Shoulder prior to the game from Dr. King.
User	Detailed Note				
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2014-10-18					
Modalities:	<ul style="list-style-type: none"> ◦ Interferential Current Therapy:1 ◦ Hydroc Hot Pack:1 				
2014-10-17					
Modalities:	<ul style="list-style-type: none"> ◦ Hydroc Hot Pack:1 ◦ Blowave Deep Wave Stimulation:1 				
2014-10-16					
Modalities:	<ul style="list-style-type: none"> ◦ Hydroc Hot Pack:1 ◦ Blowave Deep Wave Stimulation:1 				
2014-10-15					
Modalities:	<ul style="list-style-type: none"> ◦ Hydroc Hot Pack:1 ◦ Blowave Deep Wave Stimulation:1 ◦ Stretch:1 ◦ Ice Pack:1 ◦ Myofascial Release:1 				
2014-10-14					
Modalities:	<ul style="list-style-type: none"> ◦ Hydroc Hot Pack:1 ◦ Interferential Current Therapy:1 ◦ Shortwave Diathermy:1 ◦ Hyberesis Iontophoresis Unit:1 				
2014-10-13					
Modalities:	<ul style="list-style-type: none"> ◦ Game Ready Cryotherapy:1 				
2014-10-12					
Notes:	<table border="1"> <thead> <tr> <th>User</th> <th>Detailed Note</th> </tr> </thead> <tbody> <tr> <td>Cortez, Chris</td> <td>Jamize came in this morning c/o right shoulder pain that occurred during the game.</td> </tr> </tbody> </table>	User	Detailed Note	Cortez, Chris	Jamize came in this morning c/o right shoulder pain that occurred during the game.
User	Detailed Note				
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OAKLAND RAIDERS ORGANIZATION
TRAINING ROOM-ROD MARTIN
DATE OF EXAM: OCTOBER 13, 2014
PLAYER: OLAWALE, JAMIZE

INJURY REPORT

CHIEF COMPLAINT: Right shoulder.

HISTORY: The player states that yesterday during the game he did an arm tackle with the right arm and has had pain and weakness in the right upper extremity since then. His past medical history is otherwise unremarkable with the exception of a right AC sprain in the past.

EXAMINATION: Right shoulder: Marked weakness to supraspinatus isolation strength testing and difficulty raising his arm over his head. 2+ Neer and 2+ Hawkin's tests. 1+ Speeds test. Neurovascular status is normal.

ASSESSMENT: Right shoulder rotator cuff strain, possible tear.

RECOMMENDATION: MRI and return for MRI review.

Warren King, M.D.

WK:mdf

OAKLAND RAIDERS ORGANIZATION
TRAINING ROOM-ROD MARTIN
DATE OF EXAM: OCTOBER 19, 2014
PLAYER: OLAWALE, JAMIZE

INJURY REPORT

FOLLOW-UP: Right shoulder.

HISTORY: The player comes in the training room requesting an injection into his right shoulder joint region. He is complaining of pain in the right shoulder in the proximal aspect of the deltoid and the proximal aspect of the biceps tendon.

EXAMINATION: Right shoulder: Normal rotator cuff strength. There is tenderness at the origin of the deltoid in anterior head of the deltoid as well as the deep proximal biceps tendon.

A lengthy and comprehensive discussion was carried out with the player regarding the nature of his condition and the treatment alternatives available to him including preparticipation injections with lidocaine and Marcaine medication.

With an expressed understanding of the various risks, benefits and alternatives of a preparticipation injection of analgesic medication using lidocaine and Marcaine he requested the injection be performed.

Procedure Note: Following sterile prep of the skin in the area of maximal tenderness was injected with 5 cc of 0.25% Marcaine with epinephrine. He tolerated the injection without difficulty. He was given postinjection instructions.

PLAN: Follow-up in the training room on a daily basis.

Warren King, M.D.

WK:mdf

OAKLAND RAIDERS ORGANIZATION
TRAINING ROOM-ROD MARTIN
DATE OF EXAM: OCTOBER 26, 2014
PLAYER: OLAWALE, JAMIZE

PROCEDURE NOTE

HISTORY: The player requested an injection into the anterior musculature of the right shoulder for his contusion in the area.

The details and risks of preparticipation injections were discussed with the player. He elected to proceed with the injection after expressing an understanding of the risks of such an injection, the risks and benefits associated with the injection.

Procedure Note: Injection right shoulder anterior superior deltoid.

Following sterile prep of the skin in the area of maximal tenderness in the anterior portion of the deltoid was injected with 5 cc of 0.25% Marcaine with epinephrine. He tolerated the injection without difficulty. He was given postinjection instructions.

PLAN: Follow-up in the training room as needed.

Warren King, M.D.

WK:mdf

OAKLAND RAIDERS ORGANIZATION
TRAINING ROOM-ROD MARTIN
DATE OF EXAM: 11/9/2014
PLAYER: OLAWALE, JAMIZE

PROCEDURE NOTE

HISTORY: The player came in prior to today's game requesting an injection into his right shoulder area. He was told of the options and treatments available to him. He was told of the risks and benefits associated to him. With an expressed understanding of the various treatment options available to him as well as the risks and benefits he elected to undergo injection into the anterior aspect of his right shoulder.

Procedure Note: Injection anterior aspect, right shoulder.

Following sterile preparation of the skin in the anterior shoulder region of the right shoulder the deltoid region was injected with 5 cc of 0.5% Marcaine with epinephrine medication. He tolerated the injection without difficulty. He was given his postinjection instructions.

He will follow-up in the training room on a daily basis.

Warren King, M.D.

WK:mdf

OAKLAND RAIDERS ORGANIZATION
TRAINING ROOM-ROD MARTIN
DATE OF EXAM: SEPTEMBER 24, 2013
PLAYER: OLAWALE, JAMIZE

INJURY REPORT

CHIEF COMPLAINT: Left ankle pain.

HISTORY: The player suffered an injury to his left ankle during the game yesterday.

EXAMINATION: Left ankle: Tenderness over the talofibular ligament, anterior talofibular ligament and posterior talofibular ligament. There is no tenderness over the deltoid region. He has significant pain with external rotation testing. His upper fibula is unremarkable. X-rays are unremarkable.

ASSESSMENT: Left ankle sprain with some concern of syndesmotic injury.

RECOMMENDATION: A lengthy and comprehensive discussion was carried out with the player regarding the nature of his condition and the treatment alternatives available to him. With an expressed understanding of the various treatment options available to him as well as the risks and benefits associated with each of the treatment alternatives he elects to undergo an MRI evaluation of the left ankle.

He will follow-up for review of his MRI.

Warren King, M.D.

WK:mdf

OAKLAND RAIDERS ORGANIZATION
TRAINING ROOM – ROD MARTIN
DATE OF EXAM: 10/22/2015
PLAYER: OLAWALE, JAMIZE

PROGRESS REPORT

CHIEF COMPLAINT: Left ankle and foot pain.

HISTORY: Jamize suffered an injury to his left foot yesterday during the first quarter of yesterday's game. He was able to continue and finish the game with minimal difficulty. He does have some pain and swelling the midfoot as well as the left ankle region.

PHYSICAL EXAMINATION: On examination, he has tenderness over the tarsometatarsal joints of the third, fourth and fifth metatarsal bases. He has minimal pain with squeezing of the forefoot. He also has mild swelling in the same region. He also has mild swelling of the lateral and anterior ankle. He has normal range of motion. No ligamentous laxity. He has 1+ tenderness over the lateral ankle ligaments.

ASSESSMENT: Left ankle midfoot strain with left ankle inversion sprain.

RADIOGRAPHS: X-rays taken today show no evidence of widening of his tarsometatarsal joints including Lisfranc joint. There is some mild soft tissue swelling. No fractures are identified.

ASSESSMENT: Midfoot strain and ankle sprain.

RECOMMENDATION: Progression of activities based on symptoms and follow up in the training room on a daily basis.

Warren King, M.D.

MD2MD: D: 10/26/2015 11:29:39 am T: 10/27/2015 4:27:28 pm
Job#: 736157/Doc#: 863600/Transc: BVT

OAKLAND RAIDERS ORGANIZATION
TRAINING ROOM – ROD MARTIN
DATE OF EXAM: 11/17/2016
PLAYER: OLAWALE, JAMIZE

PROGRESS REPORT

HISTORY: Jamize comes in today complaining of pain in the posterolateral aspect of his ankle.

PHYSICAL EXAMINATION: On examination, he has tenderness over the posterior tibialis tendon and mild pain with resisted plantar flexion.

ASSESSMENT: Posterior tibial tendonitis.

DISCUSSION: A lengthy and comprehensive discussion was carried out with the player regarding the nature of his condition and the treatment options and alternatives available to him. With an expressed understanding of the various treatment options and alternatives available to him, he will continue his daily treatment regimens with the trainers in the training room. He may consider an injection on the tendon.

I told him that besides the risks of tendon rupture based on reducing the pain in the tendon area, he may also have numbness in his foot which would preclude him being able to participate as a running back during a game.

Warren King, M.D.

MD2MD: D: 11/20/2016 09:48:55 am T: 11/20/2016 8:13:20 pm
Job#: 747352/Doc#: 875775/Transc: BVT

OAKLAND RAIDERS ORGANIZATION
TRAINING ROOM – ROD MARTIN
DATE OF EXAM: 11/19/2016
PLAYER: OLAWALE, JAMIZE

PROGRESS REPORT

HISTORY: Jamize Olawale comes in today requesting an injection of his posterior tibialis tendon with lidocaine to see if it causes numbness on the bottom of his foot. This was performed after practice.

He was told of the risks and benefits associated with such an injection. With an expressed understanding of the various risks and benefits associated with the injection, he requested an injection be performed.

PROCEDURE NOTE: Injection of posterior tibialis tendon: Following sterile preparation of the skin, the posterior tibialis tendon sheath was injected with 5 cc of lidocaine. He tolerated the injection without difficulty.

He noted that within a few minutes he had some numbness in his heel region. He stated that within thirty minutes he had numbness on the plantar aspect of his foot. Therefore, the injection will not be performed to allow him to participate in football activities because of the associated numbness on the plantar aspect of his foot.

Warren King, M.D.

MD2MD: D: 11/20/2016 09:48:55 am T: 11/20/2016 8:16:41 pm
Job#: 747352/Doc#: 875776/Transc: BVT

OAKLAND RAIDERS ORGANIZATION
TRAINING ROOM – ROD MARTIN
DATE OF EXAM: 12/11/2017
PLAYER: OLAWALE, JAMIZE

PROGRESS REPORT

FOLLOW-UP: Left ankle.

HISTORY: Player states overall his left ankle is improved.

PHYSICAL EXAMINATION: On examination, he has mild tenderness over the anterior medial deltoid ligament region and the anterior talofibular region as well as the anterior talofib and anterior tib/fib ligament regions. He has dorsiflexion to 10 degrees, plantar flexion to 30 degrees, inversion 10 degrees, eversion 0 degrees. He has mild pain with inversion. There is mild pain with eversion as well as forced dorsiflexion and plantar flexion. He has a negative anterior drawer test.

ASSESSMENT: Improving left ankle sprain.

RECOMMENDATION: Continue to progress activities and strengthening as pain dictated. Follow up in the training room on a daily basis.

Warren King, M.D.

MD2MD: Job#: 752280/Doc#: 881060/Transc: BVT

Patient Name: Olawale, Jamize
Injury/Illness Left Ankle Sprain
Injury/Illness Date: 05/04/2018 09:14 AM
Description: Left

Clinical Codes:	Code	Description
	443010	Lateral Ankle Sprain / Ligament Unknown

Background Details:	<ul style="list-style-type: none"> o Nature of Injury New Onset o When was the Injury Reported? Greater than 3 days o Description of Onset o Team Activity When Injury Occurred Practice o Team Activity Practice Special Teams o If Special Teams Kick-Off o Position at Time of Injury Special Teams Kick-Off o Position at Time of Injury: If Special Teams Kick-Off Kick-Off Unit o Background Screen Complete: Yes o At the time of onset, was the player removed from participation: No, Player continued participation o Following the session, was the player restricted from participation in subsequent sessions? No, Continued at Limited Participation (less than 100% of player's normal repetitions) o Primary Player Activity at Time of Injury Unknown o Primary Mechanism Type Unknown/Inconclusive o Primary Mechanism of Injury Unknown/Inconclusive
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2018-06-11

Notes:	User	Detailed Note
	Maurer, Jim	Jamize was cleared for all football activities at the team physicals today.

2018-06-06

Notes:	User	Detailed Note
	Brown, Britt	Jamize participated in the OTA with no problems.

2018-06-05

Notes:	User	Detailed Note
	Brown, Britt	Jamize participated in the OTA with no problems.

2018-06-04

Notes:	User	Detailed Note
	Brown, Britt	Jamize participated in the OTA with no problems.

2018-05-31

Notes:	User	Detailed Note
	Maurer, Jim	Jamize practiced with no problems.

2018-05-30

Notes:	User	Detailed Note
	Brown, Britt	Jamize participated in the OTA with no problems.

2018-05-29

Notes:	User	Detailed Note
	Brown, Britt	Jamize participated in the OTA with no problems.

2018-05-24

Notes:	User	Detailed Note
	Brown, Britt	Jamize participated in the OTA with no problems.

2018-05-23

Notes:	User	Detailed Note
	Brown, Britt	Jamize participated in the OTA with no problems.

2018-05-22

Notes:	User	Detailed Note
	Maurer, Jim	Jamize participated in the OTA with no problems.

2018-05-18

Notes:	User	Detailed Note
	Maurer, Jim	Jamize participated fully in the CAT club workout today with no problems. He will continue with treatments as needed.

2018-05-17

Notes:	<table><tr><th>User</th><th>Detailed Note</th></tr><tr><td>Maurer, Jim</td><td>Jamize did not show for workouts or teaching session today. He will be rechecked in the a.m.</td></tr></table>	User	Detailed Note	Maurer, Jim	Jamize did not show for workouts or teaching session today. He will be rechecked in the a.m.
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2018-05-16					
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2018-05-15					
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User	Detailed Note				
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2018-05-14					
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2018-05-11					
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User	Detailed Note				
Maurer, Jim	Jamize continued with treatments.				
Modalities:	<ul style="list-style-type: none">o Ultrasound :1o Shortwave Diathermy:1o Hot Whirlpool :1				
2018-05-10					
Notes:	<table><tr><th>User</th><th>Detailed Note</th></tr><tr><td>Maurer, Jim</td><td>Jamize was able to practice limited today. He maintains good strength and ROM with no swelling. He complains of some lateral soreness. He continued with treatments.</td></tr></table>	User	Detailed Note	Maurer, Jim	Jamize was able to practice limited today. He maintains good strength and ROM with no swelling. He complains of some lateral soreness. He continued with treatments.
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2018-05-09					
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User	Detailed Note				
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Modalities:	<ul style="list-style-type: none">o Ultrasound :1o Interfntl:1o Shortwave Diathermy:1o Hydrocollator Pack :1				
2018-05-08					
Notes:	<table><tr><th>User</th><th>Detailed Note</th></tr><tr><td>Maurer, Jim</td><td>Jamize was still having some soreness in the left ankle laterally today. He was unable to participate in the warm-up and was withheld from the remainder of the teaching session. Following the practice he was reexamined and again showed excellent strngth and good ROM. He had concern and I suggested an MRI to further evaluate the ankle. He was sent for X-Rays and an MRI. Results indicated an acute on chronic sprain of the ATF grade II . I will speak with jamize in the morning and the plan will be to continue treatments and reevaluate his status for the Thursday workout.</td></tr></table>	User	Detailed Note	Maurer, Jim	Jamize was still having some soreness in the left ankle laterally today. He was unable to participate in the warm-up and was withheld from the remainder of the teaching session. Following the practice he was reexamined and again showed excellent strngth and good ROM. He had concern and I suggested an MRI to further evaluate the ankle. He was sent for X-Rays and an MRI. Results indicated an acute on chronic sprain of the ATF grade II . I will speak with jamize in the morning and the plan will be to continue treatments and reevaluate his status for the Thursday workout.
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Modalities:	<ul style="list-style-type: none">o Ultrasound :1o Interfntl:1o Compression Boot:1o Ice:1				
2018-05-07					
Notes:	<table><tr><th>User</th><th>Detailed Note</th></tr><tr><td>Maurer, Jim</td><td>Jamize came in this morning after the morning lift and complained of left ankle soreness. He was able to practice full on Friday in the CAT club. He described some lateral ankle soreness and also that he had injured this ankle during the season last year while with the Raiders. He was examined to have full RDM with no swelling and some lateral ankle soreness at the ATF. He was stable and demonstrated good strength. He was treated and was counceled on taping and strengthening exercises. Jamize will be rechecked in the a.m.</td></tr></table>	User	Detailed Note	Maurer, Jim	Jamize came in this morning after the morning lift and complained of left ankle soreness. He was able to practice full on Friday in the CAT club. He described some lateral ankle soreness and also that he had injured this ankle during the season last year while with the Raiders. He was examined to have full RDM with no swelling and some lateral ankle soreness at the ATF. He was stable and demonstrated good strength. He was treated and was counceled on taping and strengthening exercises. Jamize will be rechecked in the a.m.
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Modalities:	<ul style="list-style-type: none">o Interfntl:1o Compression Boot:1o Ice:1o Shortwave Diathermy:1				
2018-05-04					
Notes:	<table><tr><th>User</th><th>Detailed Note</th></tr><tr><td>Maurer, Jim</td><td>Left Ankle Sprain</td></tr></table>	User	Detailed Note	Maurer, Jim	Left Ankle Sprain
User	Detailed Note				
Maurer, Jim	Left Ankle Sprain				

Modalities:	<ul style="list-style-type: none"> ◦ Warm Whirlpool:1 ◦ Stretch:1 ◦ Exercise:1 				
2015-09-19					
Modalities:	<ul style="list-style-type: none"> ◦ Contrast Bath :1 ◦ Dynatron X5:1 ◦ Normatec Compression:1 ◦ AROM:1 ◦ Joint Mobilization:1 				
2015-09-18					
Notes:	<table border="1"> <thead> <tr> <th>User</th> <th>Detailed Note</th> </tr> </thead> <tbody> <tr> <td>Rabelo, Emilio</td> <td>WWP 10 min. Bike 10 min. Ankle D1/D2 PNF 3 X 10 Heel Rocking with Rocker Board 3 X 10 each SLS with LE Reaching 3 X 15 SLS with UE Reaching 3 X 15 Single Leg RDL 3 X 20 @ 15 lb. The athlete reported to the training room stating that he was feeling better. Today he demonstrated improved strength during the PNF exercises and he was also pushing through a larger ROM. He attempted calf raises again today, and while he was able to get further into PF today he still had moderate pain with that movement. He was able to do heel rocking on the rocker board with no c/o pain and with good motor control. We then added more SLS exercises which he was able to do with good dynamic balance, and at the same time working on his calf again in a comfortable position. We will continue to work on decreasing his symptoms to increase his function.</td> </tr> </tbody> </table>	User	Detailed Note	Rabelo, Emilio	WWP 10 min. Bike 10 min. Ankle D1/D2 PNF 3 X 10 Heel Rocking with Rocker Board 3 X 10 each SLS with LE Reaching 3 X 15 SLS with UE Reaching 3 X 15 Single Leg RDL 3 X 20 @ 15 lb. The athlete reported to the training room stating that he was feeling better. Today he demonstrated improved strength during the PNF exercises and he was also pushing through a larger ROM. He attempted calf raises again today, and while he was able to get further into PF today he still had moderate pain with that movement. He was able to do heel rocking on the rocker board with no c/o pain and with good motor control. We then added more SLS exercises which he was able to do with good dynamic balance, and at the same time working on his calf again in a comfortable position. We will continue to work on decreasing his symptoms to increase his function.
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Modalities:	<ul style="list-style-type: none"> ◦ Warm Whirlpool:2 ◦ Dynatron X5:1 ◦ Exercise:1 				
2015-09-17					
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Modalities:	<ul style="list-style-type: none"> ◦ Warm Whirlpool:1 ◦ Exercise:1 				
2015-09-16					
Notes:	<table border="1"> <thead> <tr> <th>User</th> <th>Detailed Note</th> </tr> </thead> <tbody> <tr> <td>Rabelo, Emilio</td> <td>Alter G The athlete attempted to go to practice today, but could not tolerate it and left early. We put him in the Alter G to walk at 2.5 mph and 60% BW. He was walking with good gait and had no c/o pain so he was steadily raised to 80% BW. By 80% BW he began to limp but had no c/o pain, so it must have been due to fatigue setting in. Even when we lowered his BW to less than 80% he still presented with a limp. At that point we stopped the Alter G and he had walked for 20 min. We will continue to treat him tomorrow to help decrease his symptoms and improve his function.</td> </tr> </tbody> </table>	User	Detailed Note	Rabelo, Emilio	Alter G The athlete attempted to go to practice today, but could not tolerate it and left early. We put him in the Alter G to walk at 2.5 mph and 60% BW. He was walking with good gait and had no c/o pain so he was steadily raised to 80% BW. By 80% BW he began to limp but had no c/o pain, so it must have been due to fatigue setting in. Even when we lowered his BW to less than 80% he still presented with a limp. At that point we stopped the Alter G and he had walked for 20 min. We will continue to treat him tomorrow to help decrease his symptoms and improve his function.
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Modalities:	<ul style="list-style-type: none"> ◦ Contrast Bath :1 ◦ Dynatron X5:1 ◦ Normatec Compression:1 				
2015-09-15					
Rehab:	<ul style="list-style-type: none"> ◦ Marble Pick Up:3 (Sets):20 (Reps): (Lbs) ◦ MR Ankle PNF:3 (Sets):10 (Reps): (Lbs) 				
Modalities:	<ul style="list-style-type: none"> ◦ Warm Whirlpool:1 ◦ Exercise:1 ◦ Normatec Compression:1 ◦ Ice Bath:2 				
2015-09-14					
Modalities:	<ul style="list-style-type: none"> ◦ Contrast Bath :1 ◦ Dynatron X5:1 ◦ Normatec Compression:1 ◦ Interferential Current Therapy:1 ◦ Game Ready Cryotherapy:1 ◦ AROM:1 				

Patient Name:	Olawale, Jamize				
Injury/Illness	Right Ankle Posterior Tibialis Strain				
Injury/Illness Date:	10/30/2016 12:23 AM				
Description:	Right				
Clinical Codes:	<table><tr><th>Code</th><th>Description</th></tr><tr><td>444030</td><td>Ankle Posterior Tibialis Strain</td></tr></table>	Code	Description	444030	Ankle Posterior Tibialis Strain
Code	Description				
444030	Ankle Posterior Tibialis Strain				
Background Details:	<ul style="list-style-type: none">o Nature of Injury New Onseto When was the Injury Reported? Within 24 hrso Description of Onset He was pushed backwards while blocking and he felt pain when he was resisting the backward step. He was able to finish the game.o Team Activity When Injury Occurred Gameo Team Activity Game Special Teamso If Special Teams Punt (Game)o Activity Segment Unknowno Foul Not Applicableo Position at Time of Injury Special Teams Punto Position at Time of Injury: If Special Teams Punt Punt Unito Background Screen Complete: Yeso At the time of onset, was the player removed from participation: No, Player continued participationo Following the session, was the player restricted from participation in subsequent sessions? Yes, restricted from subsequent session				
Orders:	<table><tr><td>N/A</td><td>Other</td></tr><tr><td>Rx:</td><td><ul style="list-style-type: none">o Start Ketorolac Tromethamine 10 MG Tablet 1 tablet with food or milk as needed Orally every 6 hrs , for 5 day(s) , Dispense: 12 (Start Date: 2016-11-07 00:00:00.0) (Stop Date: 11/12/2016)</td></tr></table>	N/A	Other	Rx:	<ul style="list-style-type: none">o Start Ketorolac Tromethamine 10 MG Tablet 1 tablet with food or milk as needed Orally every 6 hrs , for 5 day(s) , Dispense: 12 (Start Date: 2016-11-07 00:00:00.0) (Stop Date: 11/12/2016)
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2016-12-01					
Modalities:	<ul style="list-style-type: none">o Warm Whirlpool:1				
2016-11-30					
Modalities:	<ul style="list-style-type: none">o Warm Whirlpool:1				
2016-11-26					
Modalities:	<ul style="list-style-type: none">o Warm Whirlpool:1				
2016-11-25					
Modalities:	<ul style="list-style-type: none">o Warm Whirlpool:1				
2016-11-24					
Modalities:	<ul style="list-style-type: none">o Warm Whirlpool:1				
2016-11-23					
Modalities:	<ul style="list-style-type: none">o Warm Whirlpool:1				
2016-11-21					
Modalities:	<ul style="list-style-type: none">o Ultrasound : 1				
2016-11-20					
Modalities:	<ul style="list-style-type: none">o Warm Whirlpool:1o Dynatron X5:1				
2016-11-19					
Modalities:	<ul style="list-style-type: none">o Warm Whirlpool:1				
2016-11-18					
Modalities:	<ul style="list-style-type: none">o Warm Whirlpool:1				
2016-11-16					
Modalities:	<ul style="list-style-type: none">o Warm Whirlpool:1o Dynatron X5:1				
2016-11-14					
Modalities:	<ul style="list-style-type: none">o Hyberesis Iontophoresis Unit:1o Warm Whirlpool:1o Active Release: 1o Phonophoresis :1				
2016-11-11					
Modalities:	<ul style="list-style-type: none">o AROM:1o Ultrasound : 1o Marc Pro :1o Warm Whirlpool:1o Stretch:1o Dynatron X5:1				
2016-11-09					
Modalities:	<ul style="list-style-type: none">o Warm Whirlpool:1o Dynatron X5:1				

2016-11-08						
Modalities:	<ul style="list-style-type: none">o Ultrasound :1o Warm Whirlpool:1o Stretch:1o Dynatron X5:1					
2016-11-07						
Notes:	<table><tr><th>User</th><th>Detailed Note</th></tr><tr><td>Martin, Rod</td><td>Dr. King prescribed 11/7/16</td></tr></table>	User	Detailed Note	Martin, Rod	Dr. King prescribed 11/7/16	
User	Detailed Note					
Martin, Rod	Dr. King prescribed 11/7/16					
Modalities:	<ul style="list-style-type: none">o Ultrasound :1o Warm Whirlpool:1o Stretch:1o Dynatron X5:1					
2016-11-05						
Modalities:	<ul style="list-style-type: none">o Dynatron X5:1					
2016-11-04						
Modalities:	<ul style="list-style-type: none">o Warm Whirlpool:1o Dynatron X5:1					
2016-11-03						
Modalities:	<ul style="list-style-type: none">o Warm Whirlpool:1o Dynatron X5:1o Phonophoresis :1					
2016-11-02						
Modalities:	<ul style="list-style-type: none">o Warm Whirlpool:1					
2016-11-01						
Modalities:	<ul style="list-style-type: none">o Hyberesis Iontophoresis Unit:1o Warm Whirlpool:1					
2016-10-31						
Modalities:	<ul style="list-style-type: none">o Blowave Deep Wave Stimulation:1o Ice Pack:1					
2016-10-30						
Notes:	<table><tr><th>User</th><th>Detailed Note</th></tr><tr><td>Touchet, Scott</td><td>Trace effusion over medial ankle. Soreness to palpation over post tib. tendon behind medial malleolus. Soreness walking on toes. Ankle Stable.</td></tr></table>	User	Detailed Note	Touchet, Scott	Trace effusion over medial ankle. Soreness to palpation over post tib. tendon behind medial malleolus. Soreness walking on toes. Ankle Stable.	
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OAKLAND RAIDERS ORGANIZATION
TRAINING ROOM - ROD MARTIN
DATE OF EXAM: 10/31/2016
PLAYER: OLAWALE, JAMIZE

PROGRESS REPORT

CHIEF COMPLAINT: Right foot pain.

HISTORY: The patient suffered an injury to his right foot yesterday while participating in the game. He was loaded up with an opposing player and felt some pain in his distal medial foot region.

He was seen in the exam room at the Oakland Raiders facility and an MRI was ordered. The MRI shows some inflammation and swelling in the region of the posterior tibialis tendon and the posterior aspect of the medial malleolus. No obvious tears. No other significant abnormalities, other than some spurring of the ankle joint itself.

ASSESSMENT: Strain, partial tear and inflammation in posterior tibialis tendon.

RECOMMENDATION: Pain-free activities as tolerated, nonsteroidal anti-inflammatory medication, consideration for cortisone shot if not improved.

The patient was called. A message was left describing the findings on the MRI and the options available to him. He will follow up in the training room on a daily basis.

Warren King, M.D.

MD2MD: D: 11/01/2016 01:02:49 pm T: 11/1/2016 8:21:38 pm
Job#: 747158/Doc#: 875556/Transe: BVT

OAKLAND RAIDERS ORGANIZATION
TRAINING ROOM – ROD MARTIN
DATE OF EXAM: 10/31/2016
PLAYER: OLAWALE, JAMIZE

PROGRESS REPORT

HISTORY: Jamize comes in today complaining of right ankle pain. He states that during the second quarter of yesterday's game, he was engaged with another opposing player, being pushed backwards or bull-rushed, and he felt some pain in the distal aspect of his medial malleolar region. He was able to continue playing, but had some difficulty during the game. He was taken off of a number of his regular assignments because of pain in the distal medial aspect of the ankle and foot region. He denies any previous major injuries involving his foot and ankle. He does report multiple sprains in the past.

PHYSICAL EXAMINATION: On examination today, he has an antalgic gait and is limping on the right side.

His range of motion of his ankle and foot are all normal. He has tenderness and mild swelling in the region just distal to the medial malleolus. There is no tenderness along the bony portion of the medial malleolus. He has excellent plantar flexion, dorsiflexion, inversion and eversion strength. He has some pain when he walks on his toes in the region just distal to the medial malleolus.

RADIOGRAPHS: X-rays do not show any obvious fracture. It did show some spurring in the ankle and some evidence of old changes and calcification posteriorly in the distal tibia consistent with his history of recurrent ankle sprains.

ASSESSMENT: Probable partial posterior tibialis tendon tear versus tendonitis.

DISCUSSION: A lengthy and comprehensive discussion was carried out with the player regarding the nature of his condition and the treatment options and alternatives available to him. With an expressed understanding of the various treatment options and alternatives available to him, he elects to undergo an MRI evaluation. He will obtain an MRI evaluation and followup for my review. Instructions were given to him.

Warren King, M.D.

MD2MD: D: 10/31/2016 11:49:27 am T: 10/31/2016 09:47:44 pm
Job#: 747132/Doc#: 875546/Transc: BVT

May. 8. 2012 12:02PM

No. 4729 P. 2/4

Dallas Cowboys Football Club, Ltd.
 Orthopedic Examination

Player: Jamize OLAWALE Date: 5-8-2012 Position: FB Status: -R-
North Tx

Surgeries: 0

Fractures: 0

MRIs: 0

Missed games/practices: Missed 1 game (2 yrs ago) Lt Turf toe
 (last 2 seasons)

History		Exam		Region	Details	(circle if +)
Pos	Neg	Abn	Nml			
				Head	Concussion Dizziness	
				Neck		
				ROM	Burners	
				Compression Test	Neuro	
				Spurling's	Disc	
				Weakness	Collar	
				Hoffman's		
				Lumbar		
				ROM	Disc	
				Curve	Spondy	
				P. Till	Tightness	
				Lordosis	Radicular	
				Motor	Dosapak?	
				Sensory	Injections	
				DTRS		
				SLR		
				Babinski		
				Shoulder		
				ROM	AC	
				Crank	Instability	
				Ld/Shift	Rotator Cuff	
				Impingement	Bursitis	
				RC Strength		
				AC deltal		
				Elbow		
				ROM	Mech Sx	
				Stability	Hyperextension	
				Bursa	Tendinitis	

May. 8. 2012 12:03PM

No. 4729 P. 3/4

History		Exam				Region	Details	(circle if +)
Pos	Neg	Rt		Left				
		Ab	NI	Ab	NI			
/						Forearm/Wrist		Sprains
						ROM		Ligament
						Snuffbox		
/						Hand		Gamekeeper's
						ROM		Fingers
						Thumb MCP		MC
						Deformity		Dislocation
/						Pelvis		SI Joint
						SI Joint		Osteitis pubis
						Pubis		
/						Hips		DJD
						ROM		Groin
/						Thigh		Hamstring
						Defects		Quad
						Flexibility		
/						Knee		ACL
						Effusion		MCL
						ROM		LCL
						PF Crepitus		PCL
						PF Alignment		PF
						Valgus 0°		Loose body
						Valgus 30°		Meniscus
						Varus 0°		DJD
						Varus 30°		Wear Brace?
						Lachman		Scoped?
						Pivot Shift		Mech Sx
						Anterior Drawer		Swelling
						Posterior Drawer		
						Hyperextension (phys.)		
						Hyperflexion test		
						Joint Line Tenderness		
/						Ankle		DJD
						Stability		Lat Sprains
						ROM		Syndesmosis
/						Foot		Mid Foot
						Arch		5 th MT
						ROM		Plantar Fascia
						5 th MT		Tendinitis
/						Hallux		Turf Toe
						Sesamoids		Sesamoids
						ROM		

Good Rom Bil
φ cm.

May. 8. 2012 12:03PM

No. 4729 P. 4/4

X-rays Ordered:

AP/lat P.Y. Gr Toe

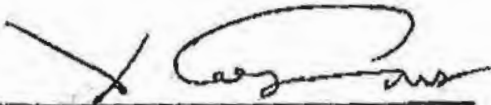
X-ray Interpretation:

minor deg - 8'

Remarks/ Recommendations:

Medical Grade: 1 2 3 4 5 6 7

Walver:



Signature



Print Name

Team Physician, Dallas Cowboys Football Club

Patient Name: Olawale, Jamize
Injury/Illness Left Foot Contusion
Injury/Illness Date: 11/20/2014 08:00 PM
Description: Foot-Left-Gen Trauma-Mild

Code	Description
450200	Foot Contusion

Background Details:

- Nature of Injury **New Onset**
- When was the Injury Reported? **Within 3 days**
- Description of Onset **Jamize came in this morning and said that he was having difficulty walking. He doesn't remember any specific point in the game where he suffered an injury. He played the whole game and had no issues. He woke up and had pain. He mentioned wearing a brand new pair of cleats for the game. Point tenderness present on medial ankle near deltoid and along navicular bone. ROM and strength wnl. No Inflammation present. X-ray was (-).**
- Team Activity When Injury Occurred **Game**
- Team Activity Game **Offense**
- If Offense **Unknown**
- Activity Segment **Not Applicable**
- Foul **Not Applicable**
- Position at Time of Injury **Running Back**
- Position at Time of Injury: If Running Back **Fullback**

2014-12-19

Modalities: ◦ Warm Whirlpool:1

2014-12-01

Modalities: ◦ Warm Whirlpool:1

2014-11-29

Modalities: ◦ Warm Whirlpool:1
 ◦ Hydroc Hot Pack:1
 ◦ Blowwave Deep Wave Stimulation:1

2014-11-28

Modalities: ◦ Warm Whirlpool:1
 ◦ Hydroc Hot Pack:1
 ◦ Blowwave Deep Wave Stimulation:1
 ◦ Pre Mod:1

2014-11-27

Modalities: ◦ Warm Whirlpool:1
 ◦ Hyberesis Iontophoresis Unit:1

2014-11-26

Modalities: ◦ Hydroc Hot Pack:1
 ◦ Warm Whirlpool:1

2014-11-25

Modalities: ◦ Warm Whirlpool:1
 ◦ Hydroc Hot Pack:1
 ◦ Hyberesis Iontophoresis Unit:1
 ◦ Blowwave Deep Wave Stimulation:1

2014-11-24

Modalities: ◦ Warm Whirlpool:1
 ◦ Ultrasound :1

2014-11-23

Modalities: ◦ Ultrasound :1
 ◦ Warm Whirlpool:1
 ◦ Hydroc Hot Pack:1
 ◦ Blowwave Deep Wave Stimulation:1
 ◦ Joint Mobilization:1

2014-11-22

Modalities: ◦ Blowwave Deep Wave Stimulation:1
 ◦ Hyberesis Iontophoresis Unit:1

2014-11-20

Notes:

User	Detailed Note
Cortez, Chris	Jamize came in this morning c/o right foot and ankle pain as a result of the game last night.

2014-11-16

Modalities: ◦ Blowwave Deep Wave Stimulation:1

Patient Name: Olawale, Jamize

Injury/Illness Left Foot Tarsometatarsal Sprain

Injury/Illness Date: 10/25/2015 01:30 PM

Description: Left

Clinical Codes:

Code	Description
453030	Foot Tarsometatarsal Sprain

Background Details:

- o Nature of Injury **New Onset**
- o When was the Injury Reported? **Reported within 24 hrs**
- o Description of Onset **He said another player twisted his foot after he was on the ground.**
- o Team Activity When Injury Occurred **Game**
- o Team Activity Game **Offense**
- o If Offense Run (Inside Tackle) (Offense)
- o Activity Segment **1st quarter**
- o Foul **Not Applicable**
- o Position at Time of Injury **Running Back**
- o Position at Time of Injury: If Running Back **Halfback**
- o Background Screen Complete: **Yes**
- o At the time of onset, was the player removed from participation: **No, Player continued participation**

N/A Other

Orders:

Rx:

- o Start Ketorolac Tromethamine 10 MG Tablet 1 tablet as needed Orally every 8 hrs , for 07 days , Dispense: 21 Tablet Refills: 0 (Start Date: 2015-10-29 00:00:00.0) (Stop Date: 11/05/2015)

2015-11-19

Modalities:

- o Warm Whirlpool:1

2015-11-17

Modalities:

- o Warm Whirlpool:1

2015-11-11

Modalities:

- o Warm Whirlpool:1

2015-11-10

Modalities:

- o Warm Whirlpool:1

2015-11-04

Modalities:

- o Warm Whirlpool:1

2015-10-29

Modalities:

- o Warm Whirlpool:1

2015-10-27

Modalities:

- o Contrast Bath :1
- o Dynatron X5:1

2015-10-25

Notes:

User	Detailed Note
Martin, Rod	Stated his foot was twisted in the pile by another player. Dr. King evaluated on 10/26/15.

Patient Name: Olawale, Jamize

Injury/Illness Left Foot Lis-Franc Sprain

Injury/Illness Date: 12/03/2017 07:15 AM

Description: Left

Clinical Codes:

Code	Description
453021	Foot Lis-Franc Sprain
443010	Lateral Ankle Sprain / Ligament Unknown

Background Details:

- o Nature of Injury New Onset
- o When was the Injury Reported? Post practice/game
- o Description of Onset He was blocking when the line caved in on his L. lower extremity causing Ankle and Knee and Foot pain. He was able to finish the game but came in afterwards for exam.
- o Team Activity When Injury Occurred Game
- o Team Activity Game Offense
- o If Offense Run (Inside Tackle) (Offense)
- o Activity Segment 2nd quarter
- o Foul Not Applicable
- o Position at Time of Injury Running Back
- o Position at Time of Injury: If Running Back Fullback
- o Background Screen Complete: Yes
- o At the time of onset, was the player removed from participation: Yes, Player was removed and returned to the same session
- o Following the session, was the player restricted from participation in subsequent sessions? Yes, restricted from subsequent session

Orders:

Rx:

- o Start Indomethacin ER 75 MG Capsule Extended Release 1 capsule with food or milk Orally Once a day , for 30 day(s) , Dispense: 30 Capsule (Start Date: 2017-12-05 00:00:00.0) (Stop Date: 01/04/2018)

2017-12-12

Modalities:

- o Warm Whirlpool:1

2017-12-08

Modalities:

- o Contrast Bath :1

2017-12-06

Notes:

User	Detailed Note
Rabelo, Emilio	Aqua Therapy -Dynamic Warm Up -High Knees 1 X 10 yds. -Bunny Hop Forward/Backward 1 X 10 yds. each -Bounding Forward 2 X 10 yds. -Zig Zag Run 2 X 10 yds. -Jump Cut 2 X 10 yds. -90 Degree Cuts 2 X 10 yds. -Single Leg Calf Raise 2 X 20 -Squat Jump 1 X 10 -Broad Jump 2 X 10 yds. Single Leg Calf Raise 3 X 10 SLS with LE Reach 3 X 10 Ankle PNF D1/D2 3 X 12 each The athlete reported to the training room stating that he was feeling better and that he did not need to walk in the boot. We took him to the pool and started with all movements from the team warm up. Given the fact that he was slowed down by the water, he moved through all of the warm up at a good pace. We also added high knees and he demonstrated the ability to get up on his toes and land in a PF position. Next he progressed through double leg plyometrics to single leg bounding with good power and no c/o when landing. He was able to jog/run in the pool and also combine that with cutting. The last few things he did in the pool was calf raises and squat jumps, both of which he did without compensation. After getting out of the pool he did single leg calf raises on the land, and he continued to do well with his only cue being to pause at the top to demonstrate stability throughout the ROM. He also did a proprioception exercise and his balance seemed to be a little better than yesterday. Overall he did very well and said he had about 3 to 4/10 pain and he felt like he could return to practice tomorrow.

Modalities:

- o Exercise:1
- o Massage:1
- o Warm Whirlpool:1
- o Dynatron X5:1
- o Joint Mobilization:1
- o Contrast Bath :1

2017-12-05

Notes:

User	Detailed Note
Rabelo, Emilio	Ankle PNF D1/D2 3 X 10 each Standing Marble Pick Up 3 X 15 each Calf Raise 1 X 10 SLS with UE Reach 3 X 10 Bean Can 5 min. The athlete reported to the training room stating that he is feeling a little better but still c/o pain when walking in the boot. We started with PNF patterns and he was able to correctly move through the pattern from the start with good strength no c/o pain. Next he did marble pick up and demonstrated good dynamic balance, but later on when he did the SLS with UE reach his ability to balance was not as good. For the calf raises the athlete only did one set because he c/o 8/10 pain, however he moved through full ROM and did not demonstrate any observable signs of pain. He finished in the bean can to work on his foot intrinsics. We will reassess how the athlete feels tomorrow and progress as tolerated.

Modalities:

- o Exercise:1
- o Warm Whirlpool:1
- o Dynatron X5:1
- o Joint Mobilization:1
- o Contrast Bath :1

2017-12-03

Notes:

User	Detailed Note
Touchet, Scott	He had pain with palpation over his lateral ankle and slight effusion. He had no defect. Slight laxity on stress testing with pain to the lateral ankle. Good strength.

Patient Name: Olawale, Jamize
Injury/Illness Right Foot Arch Sprain/Traumatic/Plantar Fascial
Injury/Illness Date: 08/05/2015 08:24 PM
Description: Right

Clinical Codes:

Code	Description
453002	Foot Arch Sprain/Traumatic/Plantar Fascial

Background Details:

- o Nature of Injury **New Onset**
- o When was the Injury Reported? **Immediately**
- o Description of Onset **Jamize said he was running the ball in 9 on 7 when he went to run thru the defender and felt his foot overstretch and felt a pulling sensation. He could not continue.**
- o Team Activity When Injury Occurred **Practice**
- o Team Activity Practice **9 on 7**
- o If 9 on 7 Run (**Outside Tackle**)
- o Position at Time of Injury **Running Back**
- o Position at Time of Injury: If Running Back **Fullback**
- o Background Screen Complete: **Yes**
- o At the time of onset, was the player removed from participation: **Yes, Player was removed and did not return to the session**
- o Following the session, was the player restricted from participation in subsequent sessions? **Yes, restricted from subsequent session**

2015-10-02

Modalities:

- o Ultrasound :1

2015-09-05

Modalities:

- o Warm Whirlpool:1
- o Myofascial Release:1

2015-09-04

Modalities:

- o Ultrasound :1
- o Warm Whirlpool:1

2015-09-03

Modalities:

- o Normatec Compression:1
- o Hydroc Hot Pack:1

2015-09-02

Modalities:

- o Warm Whirlpool:1
- o Ultrasound :1
- o Dynatron X5:1

2015-09-01

Modalities:

- o Warm Whirlpool:1
- o Ultrasound :1

2015-08-30

Modalities:

- o Warm Whirlpool:1
- o Ultrasound :1

2015-08-29

Modalities:

- o Warm Whirlpool:1
- o Myofascial Release:1

2015-08-28

Notes:

User	Detailed Note
Touchet, Scott	Agilities; Bags; 15 Yd. Build Up x 2; Weave the Numbers x 1/2; Routes x 7; Sled w/break x 7 Jamize had a very good day. He said he could feel it a little bit early on when he was cutting, but had no pain at the end on the sled.

Modalities:

- o Warm Whirlpool:2
- o Ultrasound :1
- o Myofascial Release:1
- o Exercise:1

2015-08-27

Modalities:

- o Warm Whirlpool:1
- o Ultrasound :1
- o Stretch:1

2015-08-26

Notes:

User	Detailed Note
Touchet, Scott	Agilities; Hash Mark Quick Feet x 1; 15 Yd. Build Up x 1; Zig Zag x 1; Weave the Numbers x 1/2; Sideline/Number Drill x 2; Routes x 6 Trampoline Sprint 2x20sec; R. Alex Balance w/catch 2x1:00; Filter x 1:00; R. BOSU toe touch x 1:00 He still had some residual soreness when he planted to push off, but most of it occurred when he tried to run around a circle and when he moved to the Right off of his planted R. Leg.. The proprio exercises caused burning under his foot, but no pain near the injury site.

Modalities:

- o Ultrasound :1
- o Warm Whirlpool:1
- o Myofascial Release:1

2015-08-25

Notes:	User	Detailed Note
Touchet, Scott		S&C Tempo Runs He did the tempo runs today and had no problem doing them. They were straight ahead and not demanding. He was still somewhat sore from the previous work.
Modalities:		<ul style="list-style-type: none"> o Ultrasound :1 o Warm Whirlpool:1 o Stretch:1
2015-08-24		
Notes:	User	Detailed Note
Touchet, Scott		Agilities Jamize was sore from yesterday's work, so I had him stop after the agilities.
Modalities:		<ul style="list-style-type: none"> o Myofascial Release:1 o ASTYM:1 o Pre Mod:1 o Massage:1
2015-08-23		
Notes:	User	Detailed Note
Touchet, Scott		Agilities; 5 Cone Drill x 2; 15 Yd. Build UP x 2; Shuffle/Cariocha x 1; Weave the Numbers x 1; Triangle x 2; Lightning x 1; Routes x 5; Stop N Go x 2 Jamize did really well today. He did 100% with no problems on the cone drills, but he had some difficulty coming out of his breaks on the routes.
Modalities:		<ul style="list-style-type: none"> o Exercise:1 o Ice Bath:1 o Myofascial Release:1 o Warm Whirlpool:1
2015-08-21		
Notes:	User	Detailed Note
Touchet, Scott		Agilities; 15 Yd. Build Up x 2; Zig Zag x 2; 3 Box Drill x2; Routes 3x3 Jamize was able to move into cleats today and work with light to moderate speed throughout and have pretty good gait. He had occasional trouble pushing off the R. Foot on the change of direction, but handled it well. He is making good improvement.
Modalities:		<ul style="list-style-type: none"> o Hydroc Hot Pack:1 o Myofascial Release:1
2015-08-20		
Notes:	User	Detailed Note
Touchet, Scott		Agilities; 5 Cone Drill x 2; 5 Cone Drill Sideways x 3; Iron Cross x 2; Triangle x 2; 5 man Sled x 4; Plantar Flexion w/toes x 5; 110 x 2 Jamize had a good day again today at moderate speed in flats.
Modalities:		<ul style="list-style-type: none"> o Ultrasound :1 o Warm Whirlpool:1 o Myofascial Release:1
2015-08-19		
Notes:	User	Detailed Note
Touchet, Scott		Agilities; Foot Ladder; Triangle x 2; Square Drill x 2; Lightning x 1; Number/Hash Drill x 2; Hash Mark Quick Feet x 1; Hash Mark Drill x 2; 110 x 2 Jamize was able to work with minimal soreness today and pretty good gait through all the drills. He worked at a mild/moderate speed while wearing regular tennis shoes. He made good improvement today.
Modalities:		<ul style="list-style-type: none"> o Ultrasound :1 o Warm Whirlpool:1
2015-08-18		
Notes:	User	Detailed Note
Touchet, Scott		Power Band Side Walk 2x20yds. ea.; Agilities; Bags; Small field walk/jog; S&C Bike workout Jamize hasn't been able to run since the las day on the field due to soreness. He was able to get out there today and work at a light to moderate intensity for a few drills but then started to feel the aching again and went in to ride the bike. He is making progress, but he is still struggling overall. He was shifting weight to the outside of his foot toward the end of the field work.
Modalities:		<ul style="list-style-type: none"> o Ultrasound :1 o Warm Whirlpool:1 o Myofascial Release:1 o Ice Bath:1 o Self-Myofascial Release:1 o Stretch:1
2015-08-17		
Modalities:		<ul style="list-style-type: none"> o Myofascial Release:1 o Contrast Bath :1
2015-08-16		
Modalities:		<ul style="list-style-type: none"> o Ultrasound :1 o Warm Whirlpool:1 o Dynatron X5:1 o Massage:1 o Myofascial Release:1
2015-08-15		
Notes:	User	Detailed Note
Touchet, Scott		Power Band Side Walk 2x20yds.; Agilities; Foot Ladder; Small field light walk jog x 3 laps Jamize was able to increase his intensity to a light jog in all angles. He got a little bit sore toward the end, but he was able to maintain good gait.
Modalities:		<ul style="list-style-type: none"> o Exercise:1 o Warm Whirlpool:1

	<ul style="list-style-type: none"> Ice Bath:1 Ultrasound :1 				
2015-08-14					
Modalities:	<ul style="list-style-type: none"> Myofascial Release:1 				
2015-08-13					
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Modalities:	<ul style="list-style-type: none"> Contrast Bath :1 				
2015-08-12					
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Modalities:	<ul style="list-style-type: none"> Ultrasound :1 Warm Whirlpool:1 Myofascial Release:1 				
2015-08-11					
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Modalities:	<ul style="list-style-type: none"> Warm Whirlpool:2 Stretch:1 Exercise:1 ASTYM:1 Myofascial Release:1 				
2015-08-10					
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Modalities:	<ul style="list-style-type: none"> Exercise:1 Ultrasound :1 Warm Whirlpool:1 Dynatron X5:2 				
2015-08-09					
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Modalities:	<ul style="list-style-type: none"> Warm Whirlpool:2 Ultrasound :1 Exercise:1 Dynatron X5:1 				
2015-08-08					
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Modalities:	<ul style="list-style-type: none"> Warm Whirlpool:1 Dynatron X5:1 Exercise:1 Ice Cup:1 				
2015-08-07					
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	Rabelo, Emilio	without his crutches. He said that he is still walking on the lateral edge of his foot even in the boot. The swelling along his medial foot has decreased as well. We started some exercises for his foot muscles which he was able to complete with minimal pain. He was instructed on 4 point gait with crutches and was given cues for a step through gait with a focus on keeping his weight centrally located on his foot. At the end of treatment he seemed to tolerate walking better and was walking with better gait.
Modalities:	<ul style="list-style-type: none">◦ Warm Whirlpool:1◦ Normatec Compression:1◦ Dynatron X5:1◦ Contrast Bath :1◦ Exercise:1◦ Ice Cup:1	
2015-08-06		
Modalities:	<ul style="list-style-type: none">◦ Contrast Bath :1	
2015-08-05		
Notes:	User	Detailed Note
	Touchet, Scott	Tenderness on the bottom of the foot near the plantar fascia origin with palpation. He is limping while ambulating. He felt a significant pulling sensation when he planted. Slight effusion on the bottom of the foot. No defect felt, no radiculopathy. Remaining foot and ankle exam WNL.
Modalities:	<ul style="list-style-type: none">◦ Ice Bath:1	

THE OAKLAND RAIDERS
END OF SEASON (2015) PHYSICAL EXAMINATION

Players Name: Jamize R. Olawale Date: 1-4-16

TO BE COMPLETED BY PLAYER

Please check Item 1 or Item 2, whichever is appropriate:

1. ☒ I am, on this date, suffering from NO past or present physical injuries or medical problems.
2. ☐ I am currently suffering from the following listed physical injuries (past or present) or medical conditions.

Please answer the following questions:

Are you at present free of Injury, Illness, or Discomfort? ☒ YES ☐ NO
If "NO," please give full details.

Are you currently physically able to perform all of the duties required in professional football? ☒ YES ☐ NO
If "NO," please give full details.

Have you missed any playing time during the season as a result of Injury, Illness, Discomfort, or any other reason?

☒ YES ☐ NO

If "YES," please give full details.

missed pre-season w/ torn muscle in foot; missed
week 2 and week 3 w/ high ankle sprain

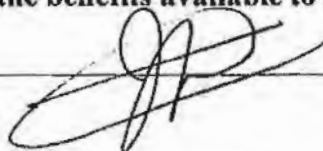
During the season, have you suffered any Injury, Illness or Discomfort for which you have NOT sought any of the following:

If "YES," please give full details.

1. Medical Advice? ☐ YES ☒ NO
2. Diagnosis? ☐ YES ☒ NO
3. Treatment? ☐ YES ☒ NO

I have been advised of my rights to worker's compensation benefits, including benefits related to cumulative trauma, and been given a worker's compensation brochure and was told to read it so that I understand the benefits available to me.

Player's Signature



Date

1/4/16

OAKLAND RAIDERS ORGANIZATION
TRAINING ROOM-ROD MARTIN
DATE OF EXAM: 11/212014
PLAYER: OLAWALE, JAMIZE

INJURY REPORT

CHIEF COMPLAINT: Left foot pain.

HISTORY: The player comes in stating he had some pain over the medial aspect of his left foot following the game. He does not remember any specific injury.

EXAMINATION: There is tenderness over the medial deltoid ligament and over the medial navicular. X-rays were unremarkable other than some irregular joint surfaces of the navicular and some increased sclerosis in the navicular. No stress fracture was seen. There is no accessory navicular.

ASSESSMENT: Probable medial deltoid strain versus contusion. Small possibility of underlying stress fracture in the navicular.

DISCUSSION: A lengthy and comprehensive discussion was carried out with the player regarding the nature of his condition and the treatment alternatives available to him.

He current declines any additional intervention or imaging study. He will modify his activities based on symptoms. He will modify shoe wear and support as indicated. Follow-up in the training room on a daily basis.

Warren King, M.D.

WK:mdf

Patient Name: Olawale, Jamize
Injury/Illness Right Thumb MCP Joint Ulnar Collateral Ligament Sprain
Injury/Illness Date: 12/03/2017 07:10 AM
Description: Right

Clinical Codes:	Code	Description
	183040	Thumb MCP Joint Ulnar Collateral Ligament Sprain

Background Details:

- o Nature of Injury **New Onset**
- o When was the Injury Reported? **Post practice/game**
- o Description of Onset **As he was being tackled a second opponent dove over him and his foot contacted the thumb causing the injury.**
- o Team Activity When Injury Occurred **Game**
- o Team Activity Game **Offense**
- o If Offense **Passing (Offense)**
- o Activity Segment **2nd quarter**
- o Foul **Not Applicable**
- o Position at Time of Injury **Running Back**
- o Position at Time of Injury: If Running Back **Fullback**
- o Background Screen Complete: **Yes**
- o At the time of onset, was the player removed from participation: **No, Player continued participation**
- o Following the session, was the player restricted from participation in subsequent sessions? **Yes, restricted from subsequent session**

2017-12-03

Notes:

User	Detailed Note
Touchet, Scott	Pain at the MCP joint with AROM/PROM, ligament laxity in collaterals at MCP. Appears to be a gamekeepers thumb.

EXHIBIT 3

JO-00825

EXHIBIT 30

JO-00826

EXHIBIT 26

JO-00827

EXHIBIT 28

JO-00828

EXHIBIT 25

JO-00829

EXHIBIT 29

JO-00830

EXHIBIT 27

JO-00831

EXHIBIT 18

JO-00832

EXHIBIT 34

JO-00833

EXHIBIT 31

JO-00834

EXHIBIT 32

JO-00835

EXHIBIT 33

JO-00836

EXHIBIT 35

JO-00837

EXHIBIT 36

JO-00838

EXHIBIT 17

JO-00839

EXHIBIT 22

JO-00840

EXHIBIT 20

JO-00841

EXHIBIT 19

JO-00842

EXHIBIT 23

JO-00843

EXHIBIT 21

JO-00844

EXHIBIT 24

JO-00845

EXHIBIT 4

JO-00846

EXHIBIT 8

JO-00847

EXHIBIT 7

JO-00848

EXHIBIT 5

JO-00849

EXHIBIT 12

JO-00850

EXHIBIT 9

JO-00851

EXHIBIT 10

JO-00852

EXHIBIT 11

JO-00853

EXHIBIT 13

JO-00854

EXHIBIT 15

JO-00855

EXHIBIT 6

JO-00856

EXHIBIT 14

JO-00857

EXHIBIT 16

JO-00858



NFL PLAYER BENEFITS

DISABILITY PLAN

200 St. Paul Street, Suite 2420
Baltimore, Maryland 21202
Phone 800.638.3186
Fax 410.783.0041

PHYSICIAN REPORT FORM

TOTAL & PERMANENT DISABILITY BENEFITS

Notice to Physician: To preserve your independence and the integrity of the decision-making process, you must avoid contacts with attorneys or other representatives of the Players seeking disability benefits from the NFL Player Disability & Neurocognitive Benefit Plan. Please notify the NFL Player Benefits Office if you are contacted by any of these individuals.

To be completed by NFL Player Benefits Office:

Player's name: JAMIZE OLAWALE

DOB: [REDACTED]

Phone: [REDACTED]

Player's address: [REDACTED]

Player's Credited Seasons: 2012 - 2019

Claimed impairments: See Application

- Did you receive records for this Player? ☒ YES | ☐ NO If so, how many pages? 234 pages
- Did you evaluate the Player? ☒ YES | ☐ NO If so, when? 26 May 2021
- Have you or your colleagues ever treated the Player previously? ☐ YES | ☒ NO
- Based on your evaluation, what is the nature of the Player's impairment(s)?
(Attach additional sheets if necessary.)

Impairment to	Cause of impairment	
Reported depression	<input type="checkbox"/> Illness	<input type="checkbox"/> Other – _____
	<input type="checkbox"/> Injury	<input checked="" type="checkbox"/> Unknown
	<input type="checkbox"/> Illness	<input type="checkbox"/> Other – _____
	<input type="checkbox"/> Injury	<input type="checkbox"/> Unknown
	<input type="checkbox"/> Illness	<input type="checkbox"/> Other – _____
	<input type="checkbox"/> Injury	<input type="checkbox"/> Unknown

5. In your opinion, is the Player **totally and permanently disabled** to the extent that he is substantially unable to engage in any occupation for remuneration or profit? ☐ YES | ☒ NO

☐ Unable to Determine

If you checked YES:

- Describe the impairments and explain how they prevent the Player from working. _____

- Has the Player's condition persisted or is it expected to **persist for at least 12 months** from the date of its occurrence, and excluding any reasonable recovery period? ☐ YES | ☐ NO

If you checked NO:

- Describe the type of employment in which the Player can engage. Mr. Olawale
can engage in any occupation without psychiatric
restrictions or limitations.

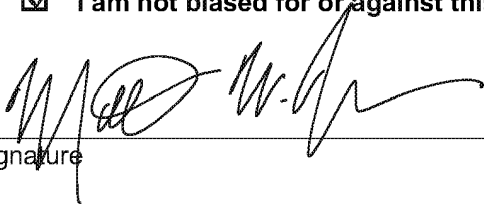
6. Do you have any additional remarks? _____

Please provide the required narrative report with this form.

I certify that:

- ☒ I reviewed all records of this Player provided to me.
- ☒ I personally examined this Player.
- ☒ This Physician Report Form and the attached narrative report(s) accurately document my findings.
- ☒ My findings reflect my best professional judgment.
- ☒ I am not biased for or against this Player.

Signature



Date

26-MAY-2021

Psychiatric Associates of Atlanta, LLC

Twelve Piedmont Center, Suite 410, 3495 Piedmont Road, NE, Atlanta, GA 30305
404-495-5900 fax: 404-495-5901

www.atlantapsychiatry.com

David Lipsig, M.D.

Matthew Norman, M.D.

INDEPENDENT PSYCHIATRIC EXAMINATION

Examinee: Jamize Olawale
Referral Source: NFL Player Disability & Neurocognitive Benefit Plan
Date of Examination: May 26, 2021
Date of Report: May 27, 2021
Date of Birth: [REDACTED]
Examiner: Matthew W. Norman, M.D.
Basis of Evaluation: Diagnostic and clinical interview
Record review

Jamize Olawale is a 32-year-old male who completed a Total and Permanent Disability Benefits Application received March 29, 2021. He claimed, in part, that he is unable to work secondary to “psychological impairments ... mood swings [and] ... depression.” He was referred for the purpose of conducting an independent psychiatric evaluation.

Sources of Information:

Interview of Jamize Olawale, conducted by Matthew W. Norman, M.D., via Zoom videoconferencing on May 26, 2021, for about one hour and ten minutes.

Administration of the Montreal – Cognitive Assessment (MoCA), Patient Health Questionnaire-9 (PHQ-9), and Generalized Anxiety Disorder-7 (GAD-7).

Records provided by NFL Player Disability & Neurocognitive Benefit Plan (234 pages):
Mr. Olawale’s Total and Permanent Disability Benefits Applications (38 pages); and
Mr. Olawale’s Medical Records (196 pages).

Notification of Non-Confidentiality:

At the outset of the evaluation, I informed Mr. Olawale that he was being examined for the purpose of assessing his psychiatric condition as part of an independent medical examination. He was informed that any information given during the interview would not be confidential and that such information would be used as the basis for this report. He was also informed that upon completion of the evaluation, a report would be sent to the NFL Player Benefits Disability Plan. Mr. Olawale stated that he understood these conditions and agreed to proceed.

JO-00861

Re: Jamize Olawale**Current Symptoms and History of Present Psychiatric Illness According to Examinee:**

Mr. Olawale was scheduled to begin his examination via Zoom videoconference at 3:00 P.M. He arrived about ten minutes early for his appointment. He stated that he was sitting in his media room of his residence in Southlake, Texas. He stated that he was alone and free of overt distractions.

On examination via Zoom, Mr. Olawale reported that he has noticed “increasing agitation or irritability” over the last eighteen months. He retired from the NFL in 2020. He has noticed the agitation and irritability around his wife and children. He has also noticed mood swings and some depressed mood. He conveyed that his irritation and agitation is often related to his daily headaches, forgetfulness, and lack of concentration.

Although Mr. Olawale endorsed many symptoms of depression when asked on a symptom inventory, he did not spontaneously report any symptoms except agitation, irritability, depressed mood, and mood volatility. Despite endorsing anhedonia, he reported enjoying numerous activities (e.g., playing videogames, spending time with his children, watching television). He smiled frequently throughout the evaluation. He spoke in an animated and engaging way in reference to a new business venture (i.e., franchise pre-school) that he and his wife started in January 2021.

Daily, Mr. Olawale reported going to bed late and sleeping in late. He will eat lunch with his children. He exercises by walking on his treadmill about five days per week. He watches certain television programs or YouTube. He helps his wife with online billpay and emails related to their business and personal finances. He regularly operates a motor vehicle.

As a result of his depressed mood, Mr. Olawale reported having thoughts of suicide or being better off dead about once per month recently. He stated that he would never attempt suicide secondary to being Christian. He denied any suicide attempts or current intent.

In order to ameliorate his symptoms around his wife, Mr. Olawale went to see a couples counselor with his wife for two sessions in April. In April, he had become aggressive with the family dog. His wife called the police. No arrests were made. They agreed to go to counseling and attended two sessions. He is not currently in any mental health treatment. He has not taken any psychiatric medications.

Mr. Olawale stated that he still engages in many instrumental activities of daily living (though he shares many of these responsibilities with his wife). He denied any difficulties in functional activities of daily living.

Mr. Olawale denied drinking alcohol. He denied illicit drug use.

On psychiatric review of systems, Mr. Olawale denied any mania, obsessions or compulsions, delusions, hallucinations, ideas of reference, posttraumatic stress symptoms, or homicidal thoughts. He denied any known family history of dementia or psychiatric problems.

Re: Jamize Olawale**Personal History According to Examinee:**

Mr. Olawale reported being born [REDACTED]. He reported being the middle of three children born to his parents. He was raised in California.

Mr. Olawale graduated from Long Beach Poly High School. He attended two junior colleges. He then attended University of North Texas. He graduated in 2017 with a degree in sociology.

Mr. Olawale reported getting signed as an undrafted free agent by the Dallas Cowboys in 2012. He played for a total of eight credited seasons. He played as a fullback. He retired in 2020.

Mr. Olawale reported one marriage. He was married in 2011. He reported having a 9-year-old daughter, 8-year-old daughter, and 7-year-old son. He lives with his wife and three children in a house outside of Dallas, Texas.

Occupationally, Mr. Olawale denied any paid work since his retirement from the NFL. He discussed buying into a pre-school franchise earlier this year.

Review of Medical Records:

There were 234 pages of records supplied to the NFL Player Benefit Plan for review. These records were both part of the application with exhibits and supplied medical records. There were no notations by a medical provider of any psychiatric or psychological conditions. There were no notations of any psychiatric treatment.

Medical History According to Examinee:

Mr. Olawale denied taking any medications regularly.

Mr. Olawale reported allergies to sunscreen. He denied any known drug allergies.

Mr. Olawale reported numerous orthopedic injuries while playing football. He denied any surgical history.

Mr. Olawale denied any other ongoing medical problems, except regular headaches and chronic orthopedic pain.

Results of Questionnaires Testing:

Mr. Olawale completed the Montreal – Cognitive Assessment (MoCA), which is a commonly used screening instrument for cognitive impairments. Mr. Olawale obtained a score of twenty-four (24) out of a possible thirty (30) points, which was suggestive of mild cognitive impairment. Five points of his errors was related to delayed recall (0/5).

Re: Jamize Olawale

Mr. Olawale completed the Patient Health Questionnaire-9 (PHQ-9), which is a commonly used self-report measure for the symptoms of depression. Mr. Olawale obtained a score of nineteen (19), which is indicative of moderately severe depression. Thus, he self-reported a moderately severe depression. His examination was inconsistent with this score.

Mr. Olawale completed the Generalized Anxiety Disorder-7 (GAD-7), which is a commonly used self-report measure for the symptoms of anxiety. Mr. Olawale obtained a score of twelve (12), which is indicative of moderate anxiety. Thus, he self-reported moderate anxiety.

Mental Status Examination:

Mr. Olawale presented as casually dressed and well groomed. He wore a green North Texas t-shirt as visible on the videoconferencing platform. He appeared neatly groomed. He made very good eye contact throughout the evaluation.

Mr. Olawale exhibited no psychomotor agitation or psychomotor retardation. There were no abnormal involuntary movements. He was smiling regularly (and appropriately) throughout the evaluation. He was quite talkative and developed rapport without difficulty. He was not tearful during the interview. He was open in his responses during the evaluation. He was alert and oriented. His speech was normal in rate, volume, and tone.

Mr. Olawale was fully cooperative with the examination. He described his mood as “depressed.” His affect was normal in range (which was inconsistent with his reported level of depression). He laughed a few times (and appropriately) during the evaluation. He denied imminent suicidal or homicidal thoughts. There was no behavioral evidence of delusions. There was no behavioral evidence (e.g., distractions or talking to himself) of hallucinations during the examination. He denied hallucinations or ideas of reference.

Mr. Olawale’s thoughts were logical and goal directed. He demonstrated good judgment. He had a good fund of information on examination. I would estimate his intelligence to be in the average range.

Diagnosis:

No diagnosis

Discussion:

Mr. Jamize Olawale is a 32-year-old male who was referred by you for the purpose of conducting an independent medical evaluation. He applied for Total & Permanent Disability.

Mr. Olawale reported symptoms of depression and mood swings on his disability application. On examination via Zoom, he was very pleasant and attentive. He was engaged in the process of the examination. He did not exhibit any overt anxiety, panic, irritability, anger, mood swings, or

Re: Jamize Olawale

depression during the duration of the exam. This is not to say that he does not experience some psychiatric symptoms; however, they did not rise to a level which was overtly impairing, in my opinion. Quite to the contrary, Mr. Olawale smiled appropriately and was quite engaging during the evaluation.

Mr. Olawale is not currently taking any anti-depressant medications or anti-anxiety medication. He is not currently in psychiatric or mental health treatment. In addition, there was no supporting documentation reviewed of any psychiatric impairments from the records supplied.

In my opinion, Mr. Olawale does not meet criteria for any current psychiatric condition.

It should be noted that Mr. Olawale's clinical presentation was clearly not consistent with someone suffering with a major or impairing psychiatric illness.

Work capacity and restrictions: In my opinion, with a reasonable degree of medical certainty, Mr. Olawale can work currently from a psychiatric standpoint. There are no psychiatric restrictions or limitations. Thus, Mr. Olawale does not have any psychiatric impairments currently or a psychiatric impairment that has persisted for at least twelve (12) months.

Sincerely,



Matthew W. Norman, M.D., DFAPA (Licensed in Georgia)
Board Certified, Psychiatry & Forensic Psychiatry, American Board of Psychiatry & Neurology
Adjunct Associate Professor, Department of Psychiatry, Emory University School of Medicine

NFL PLAYER DISABILITY & NEUROCOGNITIVE BENEFIT PLAN

PSYCHIATRY NARRATIVE REPORT TEMPLATE

(Start Time 2:55 pm Stop Time 4:05 pm)Player's Name: Jamize Olawale via Zoom videoconferenceDOB: [REDACTED]Neutral Physician: Matt Norman, M.D.Date of the Evaluation: 26-April-2021

Chief Complaints:

- 1) Depression
- 2) _____
- 3) _____

Clinical History: (Need to obtain a detailed and comprehensive history that will support your conclusion)

32 y/o former player reported increased irritability, some depressed mood, and mood swings since retiring from NFL over last 18 months. He attributed a lot of his onset of symptoms to his concentration, memory, and daily headache issues. That is, he did not indicate that any of his mental health issues were independent of ongoing medical complaints. Mr. Olawale denied anhedonia, appetite issues, sleep issues, and suicidal thoughts. He has had some passive thoughts of not wanting to continue living but stated his Christian father helps him and he is not suicidal. Aside from two couples therapy sessions in April 2021, Mr. Olawale has not received any formal mental health treatment. He denied any ongoing generalized anxiety, PTSD, OCD, psychosis, or mania. He reported engaging in some occupational activities currently. He and his wife opened a daycare/pre-school as a franchisee in January 2021. Mr. Olawale denied working outside the home but does respond to emails in reference to the school. He reported being excited about starting it and its prospects for a successful future.

INSTRUMENTAL ACTIVITIES OF DAILY LIVING:

Check writing, paying bills, balancing a checkbook capable, we share in this
 Assembling tax records, business affairs or papers wife does most of this
 Shopping alone for clothes, household necessities, or groceries I do that sometimes
 Playing a game of skill, working on a hobby play videogames, trying to learn magic tricks
 Heating water, making a cup of coffee, turning off the stove I can make cup of coffee
 Preparing a balanced meal I can do this
 Keeping track of current events devent keep up
 Paying attention to, understanding, discussing a TV show, book, or magazine watches Youtube
 Remembering appointments, family, occasions, holidays, medications capable
 Traveling out of the neighborhood, driving, arranging to take public transportation capable

FUNCTIONAL ACTIVITIES OF DAILY LIVING:

Eating on own - NO ISSUES
 Bathing on own - NO ISSUES
 Dressing on own - NO ISSUES
 Toileting on own - NO ISSUES
 Transferring (walking) on own - NO ISSUES
 Continence on own - NO ISSUES

PAST PSYCHIATRIC HISTORY:

	YES	NO	Dates/Circumstances:
Did the player ever have a previous episode of Depression, Mania, Anxiety, Psychosis		✓	
Past psychiatric visits/psychotherapy/counseling	✓		couples counseling - 2 sessions / Apr 2021
Past psychiatric hospitalizations		✓	
History of ECT/TMS		✓	
History of suicide attempts		✓	
History of aggression/violence	✓		two episodes choking wife
History of criminal justice contact		✓	
History of ADHD		✓	
History of Learning Disabilities		✓	tested in Junior College but did not make any
History of Abuse		✓	
Other			

TOBACCO/ETOH/ILLICIT SUBSTANCE/STEROIDS:

	YES	NO	Comments: Describe the following: age first used, amount, frequency, duration, longest period without using, last used. Adverse consequences of alcohol and or illicit substance use, medical (including DTs and/or alcohol related seizures), social, psychological. Rehabilitation history.
Tobacco		✓	
ETOH		✓	
Marijuana		✓	
Cocaine		✓	
Opiates		✓	
Stimulants		✓	
Hallucinogens		✓	
Ecstasy		✓	
LSD		✓	
PCP		✓	
Abuse of Prescribed Medications		✓	
Steroids		✓	
Other			

PAST MEDICAL HISTORY:

	YES	NO	Comments:
Thyroid Disease		✓	
Headache	✓		everyday
Chronic Pain	✓		low back, both knees & ankles
Orthopedic Issues		✓	
Arthritis		✓	
Heart Disease		✓	
Hypertension		✓	
Stroke		✓	
Diabetes		✓	
Kidney Disease		✓	
Liver Disease		✓	
Lung Disease		✓	
Cancer		✓	
Other			

PAST SURGICAL HISTORY:

None

PAST MEDICATIONS: (List medications, dose, side effects, length of treatment, response to medication, if discontinuation, why and when)

ALLERGIES: NKDA

CURRENT MEDICATIONS: (List of medications, dose, side effects, length of treatment, response to medications).

None

FAMILY HISTORY:

	YES	NO	Comments:
Dementia		✓	
Psychiatric Disorder		✓	
Other			

SOCIAL HISTORY: (Living Arrangements, Marital Status, Employment, Education, and Hobbies)

Mr. Olawale was born on [REDACTED] CA. He reported having an older brother and younger sister. Educationally, he completed high school in Long Beach, CA. Attended junior college twice. Then university of Texas. Graduated 2017 in sociology. He played eight credited seasons as a fullback. He has been married once for ten last decade. He reported having three children. He lives with his wife and three children in suburb [REDACTED]

MENTAL STATUS EXAMINATION:**Appearance:**

	YES	NO	Comments:
Well Groomed	✓		
Disheveled		✓	
Other			

Cognition

	YES	NO	Comments:
Orientation to person, place, and time	✓		
Immediate recall	✓		5/5
Serial 7 subtraction starting at 100	✓		
Delayed recall		✓	0/5 see MOCA

MOCA:

	YES	NO	SCORE	Comments: When done please attach the questionnaire to the report form
Performed	✓		24	see attached

Interaction:

	YES	NO	Comments:
Pleasant and cooperative	✓		
Hostile		✓	
Withdrawn		✓	
Eye Contact	✓		
Other			

Reported Mood:

	YES	NO	Comments:
Euthymic		✓	
Sad/Depressed	✓		blah
Anxious/Angry		✓	
Irritable	✓		at times
Labile		✓	
Other			

Affect:

	YES	NO	Comments:
Within normal range	✓		
Irritable/Angry		✓	
Anxious		✓	
Constricted/Blunted/Flat		✓	
Depressed		✓	
Elated/Euphoric		✓	
Expansive		✓	
Other			

Speech:

	YES	NO	Comments:
Normal rate/rhythm	✓		
Pressured		✓	
Slowed		✓	
Logorrhea		✓	
Paucity of speech		✓	
Other			

Thought Content:

	YES	NO	Comments: Need to comment if the player has active suicidal and or homicidal ideations and if he expresses plan or intent at the time of the visit
Suicidal ideations		✓	about one week ago but I'm Christian
Homicidal ideations		✓	and was not strong
Delusions		✓	
Paranoid Ideations		✓	
Preoccupations		✓	
Obsessions and compulsions		✓	
Ideas of reference		✓	
Other			

Thought Process:

	YES	NO	Comments:
Linear	✓		
Goal directed	✓		
Loose Associations		✓	
Flight of ideas		✓	
Tangential		✓	
Circumstantial		✓	
Disorganized		✓	
Other			

Perception:

	YES	NO	Comments:
Visual/Auditory Hallucinations		✓	
Other			

Motor:

	YES	NO	Comments:
Psychomotor agitation		✓	
Psychomotor retardation		✓	

Insight and Judgment:

	YES	NO	Comments:
Insight Intact	✓		
Judgment Intact	✓		

**FURTHER DETAILED INFORMATION REGARDING SYMPTOMS
AND DIAGNOSIS AS PER DSM-5 CRITERIA**

CURRENT MAJOR DEPRESSIVE EPISODE (MDD):

A: Five (or more) of the following symptoms have been present over the past two weeks and represent a change from a previous functioning: at least one of the symptoms is either depressed mood or loss of interest or pleasure on a nearly daily basis:

	YES	NO	Comments: when relevant give a bullet description to include; onset, duration, severity of symptoms or refer to the HPI if you have already done so

Depressed mood most of the day, nearly every day	✓		self-reported over last 18 mos.
Markedly decreased interest or pleasure in all, or almost all, activities most of the day, nearly every day		✓	
Significant weight loss when not dieting or weight gain, or decrease or increase in appetite nearly every day		✓	
Insomnia or Hypersomnia nearly every day		✓	Go to bed at 2AM and "sleep-in"
Psychomotor agitation or retardation nearly every day		✓	
Fatigue or loss of energy nearly every day	✓		been low
Feeling of worthlessness or excessive and inappropriate guilt nearly every day	✓		Sometimes feel hopeless
Diminished ability to think or concentrate, or indecisiveness nearly every day	✓		
Recurrent thoughts of death, recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide		✓	week ago and then a few months before that "every couple months" - passive

B:

	YES	NO	Comments:
The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning		✓	

C:

	True	False	Uncertain	Comments:
The episodes are not attributable to the physiological effects or to another medical condition.			✓	

Note: Criteria A-C represent a major depressive disorder

If there is currently depressed mood or loss of interest but full criteria are not met for a major depressive episode, document if there has been a past depressive episode and include timing, length and other criteria.

PHQ9 = 19 moderately severe

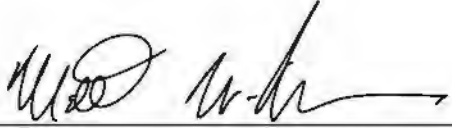
GAD7 = 12 moderate

MMPI-2-RF: (Please document neuropsychologist's results when available and comment as needed)

	YES	NO	Comments:
Validity scales available		✓	

IMPRESSION AND DISCUSSION:

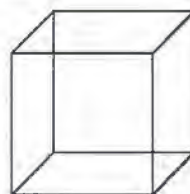
Mr. Olawale does not meet criteria for a depressive disorder, anxiety disorder, or other impairing psychiatric condition currently. He can work any occupation without psychiatric restrictions or limitations.


Matthew W. Norman, M.D. (Psychiatrist)

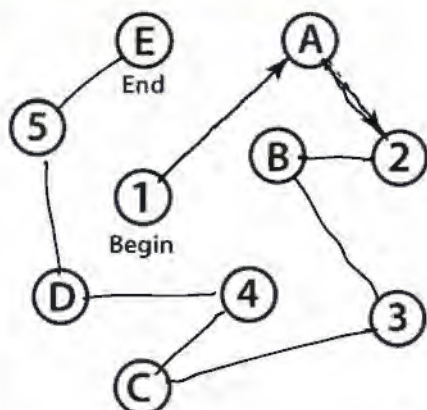
26-MAY-2021
Date

MONTREAL COGNITIVE ASSESSMENT (MOCA®)

Version 8.1 English

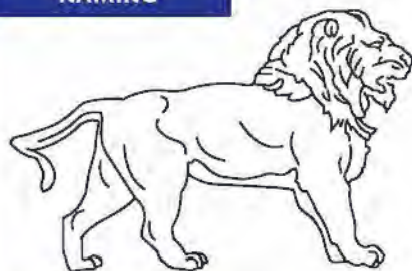
Name: Samir, ClaudeEducation: collegeDate of birth: 04.17.1989Sex: MDATE: 05.26.2021**VISUOSPATIAL/EXECUTIVE**Copy
cubeDraw CLOCK (Ten past eleven)
(3 points)

POINTS

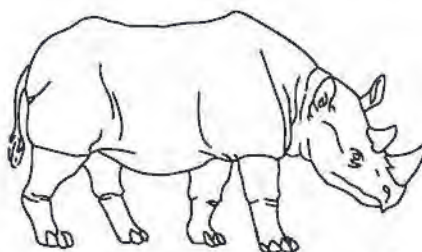


[✓]

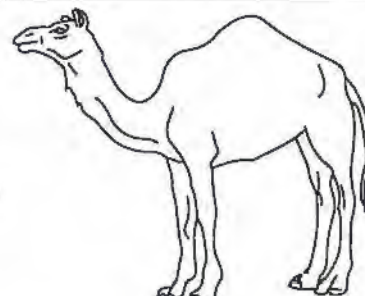
[✓]

[✓]
Contour[✓]
Numbers[✓]
Hands5/5**NAMING**

[✓]



[✓]



[✓]

3/3**MEMORY**

Read list of words, subject must repeat them. Do 2 trials, even if 1st trial is successful. Do a recall after 5 minutes.

FACE

VELVET

CHURCH

DAISY

RED

1ST TRIAL

✓

✓

✓

✓

✓

NO POINTS

2ND TRIAL

✓

✓

✓

✓

✓

ATTENTION

Read list of digits (1 digit/ sec.).

Subject has to repeat them in the forward order.

[✓] 2 1 8 5 4

Subject has to repeat them in the backward order.

[✓] 7 4 22/2

Read list of letters. The subject must tap with his hand at each letter A. No points if ≥ 2 errors

[✓] F B A C M N A A J K L B A F A K D E A A A J A M O F A A B1/1

Serial 7 subtraction starting at 100.

[✓] 93[✓] 86[✓] 79[✓] 72[✓] 653/3

4 or 5 correct subtractions: 3 pts,

2 or 3 correct: 2 pts,

1 correct: 1 pt,

0 correct: 0

LANGUAGE

Repeat: I only know that John is the one to help today. [✓]

The cat always hid under the couch when dogs were in the room. [✓]

2/2

Fluency: Name maximum number of words in one minute that begin with the letter F.

[X] 9 (N ≥ 11 words)0/1 -1**ABSTRACTION**

Similarity between e.g. orange - banana = fruit

[✓]

train - bicycle

[✓]

watch - ruler

2/2**DELAYED RECALL**

(MIS)

Has to recall words
WITH NO CUE

FACE

[X]

VELVET

[X]

CHURCH

[X]

DAISY

[X]

RED

[X]

Points for
UNCUED
recall only0/5 -5

Memory

X3

Category cue

X

X

X

X

X

MIS = 2 / 15

Index Score

X2

Multiple choice cue

X

X

✓

X

✓

ORIENTATION

[✓] Date

[✓] Month

[✓] Year

[✓] Day

[✓] Place

[✓] City

6/6

© Z. Nasreddine MD

www.mocatest.org

MIS: 2/15Administered by: M. Norman

(Normal ≥ 26/30)

TOTAL

24/30

Training and Certification are required to ensure accuracy

Add 1 point if ≤ 12 yr edu

JO-00875



NFL PLAYER BENEFITS

DISABILITY PLAN

200 St. Paul Street, Suite 2420
Baltimore, Maryland 21202
Phone 800.638.3186
Fax 410.783.0041

PHYSICIAN REPORT FORM - ORTHOPEDICS

LINE-OF-DUTY DISABILITY BENEFITS

Notice to Physician: To preserve your independence and the integrity of the decision-making process, you must avoid contacts with attorneys or other representatives of the Players seeking disability benefits from the NFL Player Disability & Neurocognitive Benefit Plan. Please notify the NFL Player Benefits Office if you are contacted by any of these individuals.

Player Name: Jamize Olawale DOB: [REDACTED] Phone: [REDACTED]

Player's address: [REDACTED]

Player's Credited Seasons: 2012-2019 (8)

Claimed impairments: See application

- Did you receive records for this ☒ **YES** ☐ **NO** If so, how many pages? 269
- Did you evaluate the Player? ☒ **YES** ☐ **NO** If so, 06/17/2021
- Have you or your colleagues ever treated the Player previously? ☐ **YES** ☒ **NO**
- For **ORTHOPEDIC IMPAIRMENTS**, please rate the impairment(s) using the Point System for Orthopedic Impairments. (Attach additional sheets if necessary.)

ANKLE

RIGHT ANKLE

Impairment	Occur.	Points	Cause	Comments
Degenerative Joint Disease - Moderate Or Greater (i.e., significant loss of joint space as confirmed by clinical examination and x-ray)	1	3	<input type="checkbox"/> Illness <input type="checkbox"/> Other- <u> </u> <input checked="" type="checkbox"/> NFL football <input type="checkbox"/> Unknown	Complaints of chronic ankle pain and stiffness aggravated by prolonged standing and walking. Clinically mild ankle swelling with moderate tibio-talar joint space narrowing and heterotpic bone formation of distal

PRF - Jamize Olawale
rev. 06/2021

Dr. Paul Saenz

JO-00876

syndesmosis. Documented injury pps. 88,90.

RIGHT ANKLE POINTS TOTAL: 3

KNEE

LEFT KNEE

Impairment	Occur.	Points	Cause	Comments
Degenerative Joint Disease - Moderate Or Greater (i.e., significant loss of joint space as confirmed by clinical examination and x-ray)	1	3	<input type="checkbox"/> Illness <input type="checkbox"/> Other- ____ <input checked="" type="checkbox"/> NFL football <input type="checkbox"/> Unknown	Complaints of chronic knee pain aggravated by prolonged standing, walking and squatting. Moderate medial medial compartment and marked patellofemoral compartment joint space narrowing noted radiographically. Documented injury pps. 81,82,87.

LEFT KNEE POINTS TOTAL: 3

Impairments

RIGHT ANKLE POINTS TOTAL: 3

LEFT KNEE POINTS TOTAL: 3

Impairments Total 6

E-Form 07/01/2021

5. Is the Player's condition the primary or contributory cause of the surgical removal or major functional impairment of a **vital bodily organ or part of the central nervous system**? ☐ YES ☒ NO

If you checked YES:

Identify the affected body part or impairment(s) and describe the nature of the resulting surgical removal or major functional impairment.

Has this condition persisted or is it expected to **persist for at least 12 months** from the date of its occurrence, and excluding any reasonable recovery period? ☐ YES ☐ NO

6. Do you have any additional remarks?

Claimant with complaint of chronic low back pain with radiographic evidence of radiolucencies at L5 suggestive of chronic pars interarticularis stress fractures. No supportive or conclusive documentation that this condition was incurred during scope of NFL career.

Please provide the required narrative report with this form.

- ☒ I reviewed all records of this Player provided to me.
- ☒ I personally examined this Player.
- ☒ This Physician Report Form and the attached narrative report(s) accurately document my findings.
- ☒ My findings reflect my best professional judgment.
- ☒ I am not biased for or against this Player.

Paul Saenz

Signature

06/24/2021

Date

Comments

Paul Saenz: Physician has submitted the eForm for player JAMIZE,OLAWALE application id 221414 Please review
06/24/2021 06:17 PM

PRF - Jamize Olawale
rev. 06/2021

Dr. Paul Saenz

JO-00878



NFL PLAYER BENEFITS

DISABILITY PLAN

200 St. Paul Street, Suite 2420
Baltimore, Maryland 21202
Phone 800.638.3186
Fax 410.783.0041

PHYSICIAN REPORT FORM

TOTAL & PERMANENT DISABILITY BENEFITS

Notice to Physician: To preserve your independence and the integrity of the decision-making process, you must avoid contacts with attorneys or other representatives of the Players seeking disability benefits from the NFL Player Disability & Neurocognitive Benefit Plan. Please notify the NFL Player Benefits Office if you are contacted by any of these individuals.

Player Name: Jamize Olawale DOB: [REDACTED] Phone: [REDACTED]

Player's address: [REDACTED]

Player's Credited Seasons: 2012-2019 (8)

Claimed Impairments: See application

- Did you receive records for this Player? ☒ YES | ☐ NO If so, how many pages? 269
- Did you evaluate the Player? ☒ YES | ☐ NO If so, when? 06/17/2021
- Have you or your colleagues ever treated the Player previously? ☐ YES | ☒ NO
- Based on your evaluation, what is the nature of the Player's impairment(s)? (Attach additional sheets if necessary.)

Impairment to	Cause of impairment	
1. Chronic lumbar spondylolysis @ L5	<input type="checkbox"/> Illness	<input type="checkbox"/> Other- _____
2. Degenerative joint disease bilateral knees	<input checked="" type="checkbox"/> Injury	<input type="checkbox"/> Unknown
3. Degenerative joint disease bilateral ankles		

5. In your opinion, is the Player **totally and permanently disabled** to the extent that he is substantially unable to engage in any occupation for remuneration or profit?

☐ YES | ☒ NO
☐ Unable to Determine

If you checked YES:

- ☐ Describe the impairments and explain how they prevent the Player from working.
 _____.
- ☐ Has the Player's condition persisted or is it expected to **persist for at least 12 months** from the date of its occurrence, and excluding any reasonable recovery period?
☐ YES | ☐ NO

If you checked NO:

- ☐ Describe the type of employment in which the Player can engage.
Job tasks limited to the sedentary to light level of physical demand with accommodations to avoid prolonged standing and walking , repetitive bending and twisting and to allow sitting breaks as necessary.
6. Do you have any additional remarks? In the opinion of this examiner this claimant is not likely seeking Total and Permanent Disability on the basis of orthopedic impairments but more likely for the sequelae of multiple concussive episodes.

Please provide the required narrative report with this form.

I certify that:

- ☒ I reviewed all records of this Player provided to me.
☒ I personally examined this Player.
☒ This Physician Report Form and the attached narrative report(s) accurately document my findings.
☒ My findings reflect my best professional judgment.
☒ I am not biased for or against this Player.

Paul Saenz

 Signature

06/24/2021

 Date

Comments



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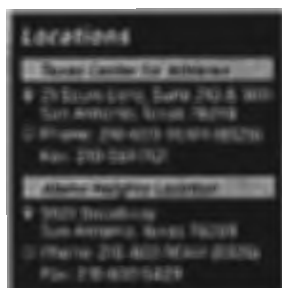
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Player Name: Olawale, Jamize
Date of Birth: [REDACTED]
Date of Examination: 06/17/2021

Examiner: Paul S. Saenz, D.O.
Location: Texas Center for Athletes
21 Spurs Lane, Suite 300
San Antonio, TX 78240

Mr. Jamize Olawale is a 32-year-old male, a former NFL football player, who presents for performance of a Total and Permanent Disability Benefits Evaluation and Line of Duty Disability Benefits Evaluation. It has been relayed by the NFL Player Benefits Office that this individual is to be evaluated for complaints of pain, discomfort, and potential disability involving the spine and bilateral upper and lower extremities consistent with a comprehensive whole-person orthopaedic evaluation.

Prior to today's evaluation, 269 pages of medical records received via a secure electronic portal were reviewed: 35 pages consisted of the claimant's Line-of-Duty application, and 38 pages were related to the claimant's Total & Permanent Disability Benefits application. The remaining 196 pages consisted of medical records to include results of diagnostic imaging studies and NFL team-maintained injury reports and treatment logs. There were a significant number of reports detailing neurological and neuropsychological evaluations performed in regard to the claimant's history of sports-related concussions and sequelae.

Additionally, as part of today's evaluation, a thorough verbal medical history was obtained directly from Mr. Olawale regarding injuries sustained during his professional and non-professional years in football.

PLAYING CAREER

College: During his collegiate playing days at the El Camino Junior College (2008-2009) and University of North Texas (2010-2011), Mr. Olawale played the running back and fullback positions. He would graduate from the University of North Texas in 2017 with a degree in Sociology.

NFL

- Dallas Cowboys (2012) *
- Oakland Raiders (2012-2017)
- Dallas Cowboys (2018-2020)

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JO-00881



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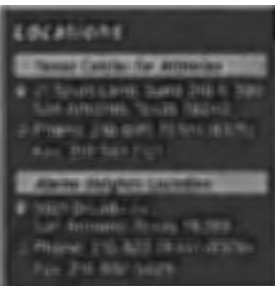
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June 17, 2021

Page 2 of 8

RE: Olawale, Jamize

*off-season and/or practice squad **INJURY HISTORY**

College: Mr. Olawale reports no significant injuries sustained during his collegiate playing career. He does recall suffering bilateral turf-toe injuries. He had no surgeries during his college career and had no lost games as a result of injury.

NFL: Contained within the medical records reviewed were an array of team-maintained injury reports and treatment logs that detailed injuries inclusive of the cervical, thoracic, and lumbar spine, right shoulder, left sternoclavicular joint, numerous left knee injuries, strains involving the left quad and hamstring muscle groups, multiple episodes of bilateral ankle sprains, left mid-foot sprains and contusions, and right foot strains.

Mr. Olawale states that he sustained "too many concussions to remember," but feels that he had approximately four "severe concussions." He did experience some lost practice and playing time as a result of the aforementioned injuries, but reports that no corrective surgical procedures were ever necessary as a result of injury.

REVIEW OF SYMPTOMS

Cervical Spine: Complains of intermittent neck stiffness aggravated after workouts and after laying down for an extended period of time. Denies distal radiation of pain, weakness, or paresthesias involving the upper extremities.

Thoracic Spine: Complains of intermittent upper back and interscapular tightness.

Lumbar Spine: Complains of chronic "day-to-day" lower back pain, aggravated by prolonged sitting, walking, standing, or laying down. He states that when sitting, he requires frequent repositioning secondary to the discomfort. He has occasional radiation of pain into the bilateral lower

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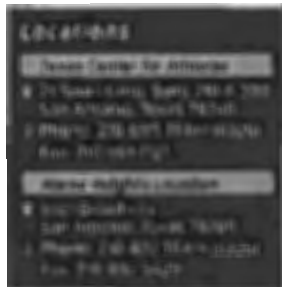
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Line-of-Duty Disability Benefits Evaluation (cont'd)

June 17, 2021

Page 3 of 8

RE: Olawale, Jamize

extremities and occasional episodes of numbness in a non-dermatomal pattern in the lower legs experienced after prolonged standing.

Shoulders: States that his shoulders are "pretty good." He does feel that his left arm is weaker than the right, noticed primarily when he is working out; otherwise, voices no significant complaints of pain or disability involving either shoulder.

Elbows: States that his elbows are "good" and voices no significant complaints of pain or disability involving either elbow.

Wrists: States that his wrists are "good" and voices no significant complaints of pain or disability involving either wrist.

Hands: States that his hands will "crack" occasionally; otherwise, has no significant complaints of pain or disability involving either hand.

Hips: States that he will experience discomfort in the groin region aggravated with certain periods of his workouts and localizes this to the bilateral adductor areas near the pubic regions.

Knees: States that both knees "hurt," and this discomfort is aggravated with prolonged standing, walking, or squatting. States that both knees make a "cracking" noise. He has occasional episodes where his knees feel as though they may "give out" when in a flexed and loaded position. He voices no episodes of swelling involving either knee.

Ankles: States that his ankles are chronically stiff with occasional swelling. Reports bilateral ankle discomfort aggravated after periods of prolonged standing or walking.

Feet: States his bilateral feet are occasionally bothersome with discomfort in the region of the plantar fascia. He is also bothered by stiffness involving the bilateral great toes, left greater than right.

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Page 3, para. 30

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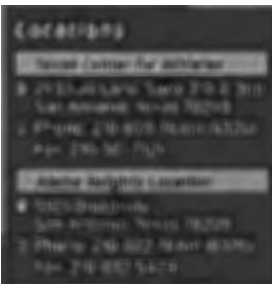
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June 17, 2021

Page 4 of 8

RE: Olawale, Jamize

TREATMENTS

Mr. Olawale reports that he is not currently under the care of any physician. He is not currently attending any physical therapy or receiving any forms of alternative care. He is not taking any prescription anti-inflammatory or analgesic medications. He states that he avoids taking over-the-counter medications.

ACTIVITIES

He lifts "light weights." He walks on a treadmill and does "light jogging."

ACTIVITIES OF DAILY LIVING

Mr. Olawale states that he is capable of self-grooming and self-hygiene. He is able to perform light household chores. He does drive.

PHYSICAL EXAMINATION

Mr. Olawale enters the examination room unaided by crutches, walker, braces, or other assistive devices. His movements and transfers within the examination room appear fluid and unencumbered. He is pleasant and cooperative throughout the examination.

Height 6"; weight 240 lb. He displays an athletic, muscular physique.

Cervical Spine: By visual inspection he displays normal anteroposterior and lateral alignment. Cervical range of motion is essentially normal in all planes. Manual motor testing of the upper extremities is graded as 5/5 bilaterally. Deep tendon reflexes of the upper extremities are bilaterally symmetrical. Quadrant loading toward the left provokes pain but is negative toward the right. Spurling's test is negative.

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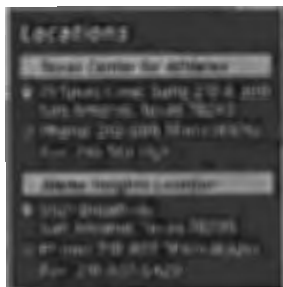
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Line-of-Duty Disability Benefits Evaluation (cont'd)

June 17, 2021

Page 5 of 8

RE: Olawale, Jamize

Lumbar Spine: By visual inspection there is normal anteroposterior and lateral alignment. Active range-of-motion testing finds that forward flexion is accomplished to within 6 inches of fingertips-to-floor. There is pain produced at 20 degrees of extension. There is a decrease in right rotation and right side-bending. Manual motor testing of the lower extremities is graded as 5/5 bilaterally. Deep tendon reflexes of the lower extremities are hyperreflexic and bilaterally symmetrical.

Shoulders: By visual inspection there is no gross swelling, atrophy, or bony deformity noted to either shoulder. Active shoulder range-of-motion testing bilaterally is essentially normal and symmetrical in the planes of forward flexion, extension, abduction, adduction, and internal and external rotation. Speed's test is positive on the right and negative on the left. Cross-arm adduction is negative bilaterally. Impingement signs are positive bilaterally.

Elbows: By visual inspection there is no gross swelling or bony deformity noted to either elbow. Each elbow displays full range of motion from zero degrees of extension to approximately 130 degrees of flexion. Elbow flexion is limited by biceps girth bilaterally. There is full symmetrical pronation and supination of the bilateral forearms. There is no detectable ligamentous laxity noted to either elbow.

Wrists: By visual inspection there is no gross swelling or bony deformity noted to either wrist. Each wrist displays full symmetrical range of motion in the planes of flexion, extension, radial deviation, and ulnar deviation. There is no detectable ligamentous laxity with passive circumduction of either wrist.

Hands: By visual inspection there is no gross swelling or bony deformity noted to any of the digits of either hand. Each of the joints of each digit display expected range of motion and are without detectable ligamentous laxity.

Hips: By visual inspection there is no gross swelling or bony deformity noted to either hip. There is no muscular atrophy or visible muscular defect to either

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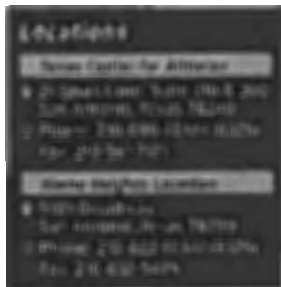
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June 17, 2021

Page 6 of 8

RE: Olawale, Jamize

quad or hamstring muscle group. Each hip displays full passive range of motion in the planes of flexion, extension, abduction, adduction, and both internal and external rotation. Both FABER and FADIR tests are negative bilaterally.

Knees: By visual inspection there is no gross swelling, effusion, or bony deformity noted to either knee. The right knee displays range of motion from zero degrees of extension to 116 degrees of flexion. The left knee exhibits range of motion from zero degrees of extension to 118 degrees of flexion. Each knee displays ligamentous stability with varus and valgus stressing at zero and 30 degrees and with stressing in the anterior and posterior planes.

Ankles: There is mild lateral malleolar swelling noted to each ankle. The left ankle displays full symmetrical range of motion in the planes of plantarflexion, dorsiflexion, inversion, and eversion. The right ankle reveals decreased range of motion in the plane of plantar and dorsiflexion. There is no detectable ligamentous laxity noted to either ankle by the anterior drawer or talar tilt maneuver.

Feet: By visual inspection there is mild bilateral hallux valgus. The remaining digits of both feet are without visible deformity, display expected range of motion, and are without detectable ligamentous laxity.

X-RAY STUDIES

X-ray Lumbar Spine (06/17/2021): There appear to be bilateral spondylotic defects at L5 without listhesis noted. Intervertebral disc spaces are well maintained.

X-ray Pelvis (06/17/2021): There are mild cam deformities noted bilaterally. There is mild-to-moderate joint space narrowing noted of the left hip.

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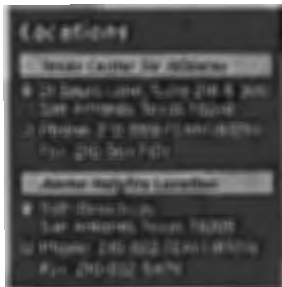
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Line-of-Duty Disability Benefits Evaluation (cont'd)**

June 17, 2021

Page 7 of 8

RE: Olawale, Jamize

X-ray Right Knee (06/17/2021): There is mild medial compartment joint space narrowing. There is prominent osteophyte formation of the proximal patella and evidence for prior Osgood-Schlatter's disease.

X-ray Left Knee (06/17/2021): There is moderate medial compartment joint space narrowing and marked patellofemoral joint space narrowing with prominent osteophyte formation involving the superior pole of the patella and evidence for chronic changes representative of Osgood-Schlatter's disease.

X-ray Right Ankle (06/17/2021): There is moderate tibiotalar joint space narrowing. There is heterotopic bone formation of the distal syndesmosis.

X-ray Left Ankle (06/17/2021): There is mild narrowing of the lateral tibiotalar gutter. There is mild heterotopic bone formation of the distal syndesmosis.

X-ray Right Foot (06/17/2021): Hallux valgus is noted.

X-ray Left Foot (06/17/2021): Hallux valgus is noted. There is manifestation of early arthritic changes of the first metatarsophalangeal joint.

DIAGNOSTIC IMAGING STUDIES

Contained within the electronic medical records were diagnostic imaging studies of the left thigh, left foot, bilateral ankles, and right hand. The results of each of these studies were reviewed in detail, and an attempt was made to correlate these findings with the claimant's history of injury and supportive medical documentation.

DISCUSSION OF FOOTBALL RELATEDNESS

Contained within the medical records were documentation of injuries sustained during the claimant's tenure within the National Football League. The Total

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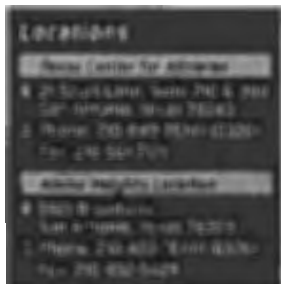
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June 17, 2021

Page 8 of 8

RE: Olawale, Jamize

and Permanent Disability and Line-of-Duty Disability ratings are correlated with the claimant's history of injury findings on physical examination.

DISPOSITION

In the opinion of this examiner, Mr. Jamize Olawale is *not totally disabled* to the extent he is substantially unable to engage in any occupation for remuneration or profit. Given his disabilities primarily involving the spine and lower extremities, he would be limited to job tasks within the sedentary-to-light level of physical demand with accommodations to avoid prolonged standing or walking avoid repetitive bending and twisting and to be allowed sitting breaks as necessary.

Paul S. Saenz, D.O.

PSS/QN-ksm.06/23/2021 250121

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JO-00888



NFL PLAYER BENEFITS

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DISABILITY PLAN

PHYSICIAN REPORT FORM

TOTAL & PERMANENT DISABILITY BENEFITS

Notice to Physician: To preserve your independence and the integrity of the decision-making process, you must avoid contacts with attorneys or other representatives of the Players seeking disability benefits from the NFL Player Disability & Neurocognitive Benefit Plan. Please notify the NFL Player Benefits Office if you are contacted by any of these individuals.

To be completed by NFL Player Benefits Office:

Player's name: JAMIZE OLAWALE

DOB: [REDACTED]

Phone [REDACTED]

Player's address: [REDACTED]

Player's Credited Seasons: 2012 - 2019

Claimed impairments: See Application

- Did you receive records for this Player? ☒ YES | ☐ NO If so, how many pages? 196 pages plus 75 pages of two applications
- Did you evaluate the Player? ☒ YES | ☐ NO If so, when? 6/8/21
- Have you or your colleagues ever treated the Player previously? ☐ YES | ☒ NO
- Based on your evaluation, what is the nature of the Player's impairment(s)?
 (Attach additional sheets if necessary.)

Impairment to	Cause of impairment	
	<input type="checkbox"/> Illness	<input type="checkbox"/> Other – _____
	<input type="checkbox"/> Injury	<input type="checkbox"/> Unknown
	<input type="checkbox"/> Illness	<input type="checkbox"/> Other – _____
	<input type="checkbox"/> Injury	<input type="checkbox"/> Unknown
	<input type="checkbox"/> Illness	<input type="checkbox"/> Other – _____
	<input type="checkbox"/> Injury	<input type="checkbox"/> Unknown

5. In your opinion, is the Player **totally and permanently disabled** to the extent that he is substantially unable to engage in any occupation for remuneration or profit? ☐ YES | ☒ NO

☐ Unable to Determine

If you checked YES:

- Describe the impairments and explain how they prevent the Player from working. _____

- Has the Player's condition persisted or is it expected to **persist for at least 12 months** from the date of its occurrence, and excluding any reasonable recovery period? ☐ YES | ☐ NO

If you checked NO:

- Describe the type of employment in which the Player can engage. _____
Please see report

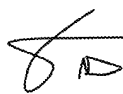
6. Do you have any additional remarks? _____

Please see report

Please provide the required narrative report with this form.

I certify that:

- ☒ I reviewed all records of this Player provided to me.
- ☒ I personally examined this Player.
- ☒ This Physician Report Form and the attached narrative report(s) accurately document my findings.
- ☒ My findings reflect my best professional judgment.
- ☒ I am not biased for or against this Player.



Signature

6/17/21

Date

**NFL PLAYER DISABILITY & NEUROCOGNITIVE BENEFIT PLAN
NEUROLOGY REPORT FORM**

Player Name: Jamize Olawale

Date of Birth: [REDACTED]

Date of Evaluation: 6/8/2021

Duration of this Visit: 1.5 hours

CHIEF COMPLAINTS:

- Trauma to brain, body, and mind
- Repetitive head trauma
- Headaches
- Memory problems
- Left chronic vestibular hypofunction
- Speech problems
- Dizziness
- Foginess
- Loses train of thought
- Sensitivity to light

Jamize is a 32-year-old former professional football player who presented for neurocognitive and total and permanent disability evaluations regarding the above complaints. Jamize played in the NFL from 2012–2019 as a fullback for the Dallas Cowboys and the Oakland Raiders. He is a college graduate and denies having any learning disabilities.

COGNITIVE SYMPTOMS:

	YES	NO	Comments
Concentration/Attention (mathematics)	X		Jamize describes that he is easily distracted and not always able to get himself back on task. He becomes very frustrated when he cannot remember what he previously was doing. He is able to multitask, and he denies having any difficulties with basic mathematics.
Memory Loss	X		Jamize thinks that he has been suffering from memory loss for the last 6 to 7 years. This initially began when he was unable to remember what team he had played the week prior. Jamize is now heavily dependent on checklists to help stay organized. His long-term recall of events is intact.
Visual Spatial	X		Jamize's visual-spatial abilities have decreased over the years. Towards the end of his NFL career, he was dropping passes that he should have been able to catch.

Planning/Decision Making	X		Jamize denies having any problems planning out his day. He considers himself to be indecisive.
Language: (comprehension, reading, writing)	X		Jamize occasionally forgets what he is saying when/if he is interrupted while speaking. He becomes distracted while reading and may need to reread the same paragraph numerous times. At times Jamize may not understand what people are telling him if they speak too quickly. He denies having any problems affecting writing.
Other		X	

INSTRUMENTAL ACTIVITIES OF DAILY LIVING:

Check writing, paying bills,
balancing a checkbook: Jamize has forgotten to pay some bills in the past, but states that he this is not excessive. He is able to follow his finances. All of Jamize's household bills are on an auto pay system.

Assembling tax records, business
affairs or papers: Sometimes: No issues.

Shopping alone for clothes,
household necessities, or groceries: No issues as long as he has an itemized list.

Playing a game of skill, working on a hobby: Jamize does not have any hobbies.

Heating water, making a cup of
coffee, turning off the stove: No issues.

Preparing a balanced meal: No issues.

Keeping track of current events: Jamize does not keep track of current events.

Paying attention to, understanding,
discussing a TV show, book, or magazine: Jamize has decreased concentration when watching movies, and he finds it much easier to keep his concentration for a 30-minute television program.

Remembering appointments, family
occasions, holidays, medications: Jamize forgets appointments only if he does not write them down. He is not good at remembering birthdates.

Traveling out of the neighborhood,
driving, arranging to take public transportation: Jamize is heavily dependent on GPS, but he is able to follow the directions.

FUNCTIONAL ACTIVITIES OF DAILY LIVING:

Eating: No issues

Bathing: No issues

Dressing: No issues

Toileting: No issues

Transferring (walking): No issues

Continence: No issues

NEUROPHYSICAL SYMPTOMS:

	YES	NO	Comments: for each positive, give a bullet description to include: onset, frequency, associated symptoms, exacerbating and relieving factors unless already described in the HPI in which case you can say to see HPI.
Dizziness	X		Jamize occasionally feels dizzy when getting out of bed or upon standing. He describes this as a lightheadedness and spinning sensation. These dizzy episodes occur a couple of times per week and last for just a few seconds in duration. Jamize also has some dizziness along with his headaches.
Vertigo	X		See above
Imbalance	X		Jamize has decreased balance when feeling dizzy.
Incoordination		X	
Gait disturbance	X		Jamize has occasional difficulty walking due to pain in his low back, feet, and ankles.
Numbness/tingling	X		Jamize has occasional numbness in his hands, fingers, and feet.
Facial Weakness		X	
Upper Extremity Weakness	X		Jamize's left upper extremity is weak when compared to the right side. This has improved over time.
Lower Extremity Weakness		X	
Headaches	X		Jamize began to have headaches when still playing in the NFL that have increased in frequency over time and are now daily occurrences. The headache pain is over his entire head and is described as a constant "humming". He considers his headache discomfort to be mild to moderate, but he has more severe headaches a few times per month. Working out increases Jamize's headache pain and the use of Advil helps a little bit. He denies having any associated nausea, vomiting, or changes in vision along with this pain. Jamize saw a neurologist for an evaluation and was prescribed a headache medication (which he never took). He does not take any analgesic on a daily basis.
Pain	X		Jamize has frequent pain in his neck, low back, knees, ankles, feet, and left calf.
Dysphagia		X	
Visual Complaints (double vision/blurring)	X		Jamize has had photophobia since 2016. He states that this is not debilitating, but he does prefer to be in a dark room. At times Jamize may keep the blinds closed throughout his house. He does not wear sunglasses when outside. Jamize's photophobia is a daily and constant occurrence.

Speech Changes (e.g. dysarthria)	X		Jamize has had stuttering since childhood and attended speech therapy as a young boy. At times he may stutter while reading aloud and his speech is slurred on occasion.
Tremor	X		Jamize has had postural and kinetic tremors in his hands for the last 2 years. He notices these tremors every 2 weeks.
Seizures		X	
Fatigue		X	Jamize reports having some fatigue, and he takes a daytime nap once per month.
Other:	X		Left chronic vestibular hypofunction: Jamize is not aware of what this term means.

BEHAVIORAL SYMPTOMS:

	YES	NO	Comments: for each positive, give a bullet description to include: onset, frequency, associated symptoms, exacerbating and relieving factors unless already described in the HPI in which case say to see HPI.
Depression	X		Jamize states "I get down a lot", but he is not sure if he is clinically depressed. His interest in life is adequate, but he does harbor excessive guilt. He has frequent psychomotor retardation a few times per week. His energy levels and appetite are normal.
Anxiety	X		Jamize reports having anxiety a few times per week.
Mania		X	
Impulsivity	X		Jamize can be impulsive when dealing with his children and he sometimes says things that he later regrets. He has made impulsive decisions concerning his business which have had adverse outcomes.
Poor Impulse Control	X		See above
Disinhibition		X	
Aggression	X		Jamize has been involved in physical altercations with his wife. On one occasion his wife was scared, and the police were called, but Jamize was not detained. He admits that he has even been physical with his dog.
Apathy		X	
Personality Changes	X		Jamize has become more aggressive over the years. He now prefers to be alone and isolate.
Sleep Disturbances		X	
Other			

HISTORY OF HEAD TRAUMA: (Discuss all non-football, pee-wee, high school, college and professional football concussions. Discern between documented and undocumented concussions. Document any practice/game time missed because of concussions. Comment on the presence or absence of LOC and or amnesia or any other associated symptoms):

- **Non-Football Related:** Jamize ran into a pole while playing football with his brother as a child. This injury caused him to suffer loss of consciousness.
- **NFL Football:** Jamize had a diagnosed concussion in 2016 that caused him to suffer loss of consciousness and miss 1 to 2 weeks of practice/play. Jamize estimates that he additionally had undiagnosed concussions on an almost weekly basis, but these undocumented injuries did not cause him to suffer loss of consciousness or miss any play/practice time.
- **College Football:** Jamize did not have any diagnosed concussions while playing football in college. He recalls having 2 undiagnosed concussions during this time, but these injuries did not cause him to suffer loss of consciousness or miss any play/practice time.
- **High School Football:** Jamize had at least one undiagnosed concussion while playing football in high school. This injury did not cause him to suffer loss of consciousness or miss any play/practice time.
- **Peewee Football:** Jamize recalls having 1 concussion while playing peewee football. He did not suffer loss of consciousness or miss any play/practice time.
- **Typical Post-Concussive Symptoms:** Jamize's typical post-concussive symptoms would include feeling dazed, hearing ringing in his ears, and experiencing whole body numbness following injury. Jamize recalls not being able to remember any plays for an entire game half after suffering a concussive injury.

PAST MEDICAL HISTORY:

	YES	NO	Comments
Diabetes		X	
Hypertension		X	
Heart Disease		X	
Stroke		X	
Anemia		X	
Thyroid Disease		X	
Cancer		X	
Kidney Disease		X	
Liver Disease		X	
Lung Disease		X	
Arthritis	X		
Learning Disabilities		X	
ADHD		X	
Other	X		Headaches, memory loss

PAST SURGICAL HISTORY:

- Wisdom Teeth extraction
- Impacted tooth extraction

PAST PSYCHIATRIC HISTORY:

	YES	NO	Comments/Dates/Circumstances:
Past psychiatric visits/psychotherapy/counseling	X		Jamize was seen by a family therapist for an unknown reason at age 10. He and his wife have seen a marriage counselor a few times, and their most recent sessions were in May 2021.
Past psychiatric hospitalizations		X	
Suicide attempts history		X	
Suicidal thoughts	X		Jamize has had fleeting thoughts of suicide, but none that he considers to have been significant. His last thoughts occurred 2 weeks ago.
History of aggression and violence	X		In addition to what is listed in the behavioral symptoms above, Jamize was involved in a physical altercation with his father-in-law 2 years ago. In the past he has had an episode of road rage during which he got out of his car, but he has not had any similar incidents recently.
History of restraining order or criminal justice contact		X	

PRIOR NEUROLOGICAL OR NEUROPSYCHOLOGICAL: X Yes No

- Comments: Jamize underwent a personal neurological evaluation in January or February of this year.

PAST MEDICATIONS: (List medications, dose, side effects, length of treatment, response to medications):

- None

CURRENT MEDICATIONS: (List medications, dose, side effects, length of treatment, response to medications. If any discontinuation, why and when):

- Advil as needed

ETOH/ SUBSTANCE ABUSE/STEROIDS HISTORY:

	YES	NO	Comments (Age first used, amount, frequency, duration, longest period without using, last used)
ETOH	X		Jamize first tried alcohol at 3 years old, and his most recent use was a few months ago. Jamize has never

			been a heavy drinker and typically consumes one drink a few times per year.
Marijuana		X	
Cocaine		X	
Opiates		X	
Stimulants		X	
Hallucinogens		X	
Ecstasy		X	
LSD		X	
PCP		X	
Abuse of Rx Medications		X	
Anabolic Steroids		X	
Other		X	

FAMILY HISTORY:

	YES	NO	Comments
Dementia		X	
AD		X	
Parkinson's Disease		X	
Seizures		X	
Other		X	

SOCIAL HISTORY:

Employment, Living Arrangements, Marital Status, and Hobbies:

1. **EMPLOYMENT:**

- Beginning in 2019, Jamize and his wife invested in and opened a preschool. They have a director and an assistant director who run the facility's day-to-day operations. Jamize was involved in the creation of the school.

2. **LIVING ARRANGEMENTS:**

- Jamize lives with his wife and 3 children who are 9, 8, and 6 years old.

3. **MARITAL STATUS:**

- Jamize is married.

4. **HOBBIES:**

- No hobbies.

REVIEW OF SYSTEMS:

Skin	No issues
Eyes	No issues
Head	No issues
Lungs	No issues
Cardiac	No issues
Gastrointestinal	No issues
Endocrine	No issues

Urinary	No issues
Neuro	See above

GENERAL MEDICAL EXAMINATION:

Vital Signs: BP: 111/67 pulse: 61 weight: 241 pounds

Skin: No lesions

HEENT: Normocephalic

Neck: Supple

Cardiac: Regular rate and rhythm, no murmurs or bruits

Lungs: Clear to auscultation bilaterally

Abdomen: Soft, nontender, normal bowel sounds

Back: Nontender

Extremities: No cyanosis or edema

COGNITIVE EXAM (MOCA):

Total MOCA Score 24/30

Visuospatial/Executive:	5/5
Naming:	3/3
Attention:	Digits 2/2
	Letters 1/1
	Serial 7s 3/3
Language:	Repeat 2/2
	Fluency 0/1
Abstraction:	2/2
Delayed Recall:	0/5
Orientation:	6/6

	YES	NO	Comments
Multistep Command: (with your left hand, touch your right ear, close your eyes and stick out your tongue)	X		
Concentration sustained during the exam: (Listening)	X		
Knowledge of current events within the last week	X		
Language: Comprehension. Naming: objects (pen, ball point of the pen, clip of pen) and colors. Ability to repeat: (no ifs ands or buts). Reading and Writing.	X		

Other Cognitive Testing (Specify):

- Jamize did not have any visual apraxia.

BEHAVIORAL EXAMINATION**Appearance:**

	YES	NO	Comments
Well Groomed	X		
Unkempt		X	

Interaction:

	YES	NO	Comments
Pleasant and Cooperative	X		
Hostile		X	
Withdrawn		X	
	Good	Poor	
Eye Contact	X		

Reported Mood:

	YES	NO	Comments
Sad/Depressed		X	
Anxious		X	
Angry		X	
Euthymic	X		

Affect:

	YES	NO	Comments
Appropriate	X		
Sad/Depressed		X	
Irritable		X	
Angry		X	
Constricted		X	
Labile		X	

Speech:

	YES	NO	Comments
Normal rate/rhythm	X		
Pressured		X	
Slow		X	
Logorrhea		X	
Paucity of speech		X	

Thought Content:

	YES	NO	Comments
Suicidal ideations		X	
Homicidal ideations		X	

Delusions		X	
Paranoid Ideations		X	
Preoccupations		X	

Thought Processes:

	YES	NO	Comments
Linear	X		
Goal Directed	X		
Tangential		X	
Circumstantial		X	
Loose Associations		X	
Disorganized		X	

Perception:

	YES	NO	Comments
Visual/Auditory Hallucinations		X	

	YES	NO	Comments
Psychomotor Agitation		X	
Psychomotor Retardation		X	

	YES	NO	Comments
Insight	X		
Judgement	X		

NEUROLOGICAL EXAMINATION

Handedness: __ Left X Right

Cranial Nerves:

Are the following cranial nerves intact?				
	YES	NO	Not Tested	Describe any abnormality
I			X	
II	X			Normal funduscopy exam. 20/20 left, 20/20 right.
III/IV/VI	X			
V	X			
VII	X			
VIII	X			
IX/X	X			
XI	X			

XII	X			

Frontal Lobe Release Signs:

	YES	NO	Not Tested	Describe any abnormality
Snout		X		
Glabellar		X		
Jaw Jerk		X		
Palmomental		X		
Other		X		

Motor:

	YES	NO	Not Tested	Describe any abnormality
Atrophy		X		
Tremor		X		
	Normal	Abnormal		
Tone	X			
Strength Upper Extremities	X			
Strength Lower Extremities	X			

Reflexes:

	YES	NO	Not Tested	Describe any abnormality
	Normal	Abnormal		
Upper Extremities	X			
Lower Extremities	X			
Babinski	X			

Coordination:

	YES	NO	Not Tested	Describe any abnormality
Finger to Finger	X			
Finger to Nose	X			
Dysdiadochokinesis	X			

Sensory:

	YES	NO	Not Tested	Describe any abnormality
Sharp/Dull	X			
Vibration	X			
Position	X			
Other				

Gait:

	Normal	Abnormal	Not Tested	Describe any abnormality
Heel Walk	X			
Toe Walk	X			
Tandem	X			

Romberg:

	Positive	Negative	Not Tested	Describe any abnormality
		X		

MEDICAL RECORDS:

196 pages of medical records plus 75 pages of two applications were reviewed. The records applicable to Jamize's claim are summarized below:

- The personal narratives of Jamize and his wife were read.
- 6/11/2018 Medical Examination: Jamize had a concussion when he was 9 years old and in 2017. He had a history of migraines.
- 12/4/2 Orthopedic History: Jamize had 2 concussions in junior college.
- 10/8/2017 Injury Note: Jamize was trying to make a tackle when the knee of one of his teammates hit him above the right eye. This caused a laceration and a concussion. He had a headache in the following days.
- 1/1/2018: Jamize was complaining of having random headaches, dizziness, and trouble remembering things. He considered himself to be physically able to play football.
- 12/30/2019 Injury Note: Jamize was complaining of having nontraumatic headaches. There were multiple notes between 12/30/2019 and 9/25/2020. He was evaluated on 3/20/2020 and he was considered to be functioning without any issues. At that time, he did not need any treatment. Jamize was cleared for football activities on 7/28/2020.
- 3/27/2018 Health History Questionnaire: Jamize reported having a concussion the previous year.
- 10/9/2017 Neuropsychological Consultation: Jamize was seen following a concussion that took place on 10/8/2017. His impact scores were decreased when compared to his baseline.
- 10/8/2017 Post Injury Concussion Testing: Scores noted
- 10/13/2017 Neuropsychological Evaluation: Jamize still had yet to return to his baseline cognitive scoring and he reported having many concussive type of symptoms.
- 1/3/2020 Neurology Consultation: Jamize was diagnosed with headaches and a history of concussions. The physician was not sure if his headaches were related to his history of concussions. An MRI of the brain and MRA of the head were ordered.
- 2/6/2020 Neurology Note: The MRI of the brain and MRA of the head were normal. Jamize was complaining of having to generalized mild headaches per week. Jamize deferred treatment. He was recommended to continue to observe his headache pattern during the off season without further helmet contact.
- 2/11/2020 Neuropsychology: Jamize's neurocognitive test scores were at his baseline. Testing revealed a significant gaze instability which could be consistent with left peripheral vestibular hypofunction. He had compensated well for these deficits. Jamize was recommended to undergo vestibular therapy.
- 2/19/2020: Jamize underwent vestibular therapy on 2/19/2020 and 2/26/2020.
- 3/30/2020 Sports Psychology: Jamize reported having a few headaches, but they did not increase the physical activity or other heavy lifting. He was not interested in medical treatment

for his headaches. The psychologist thought that Jamize's headaches were improving. He was not considered to be "high risk".

- 4/29/2020 Clinical Neuropsychology: Jamize had 2 headaches in March. At the time of the note, he had been working out regularly without having any headaches or other symptoms during those activities. He was not having any vestibular symptoms.
- 9/25/2020: Jamize reported having significant improvement with his headaches. He was having approximately 1 mild headache per week.
- 1/22/2021 Neurology Consultation: Jamize was complaining of having mild headaches 2-3 times a week and one migraine every few months. The physician was concerned about postconcussive syndrome. Jamize was recommended to take dietary supplements and try either sumatriptan or to continue taking ibuprofen as needed. He scored a 24/30 on the MoCA. The neurologist noted word finding difficulty and loss of concentration during casual conversation.
- 1/8/2017 Physical Examination: Jamize denied ever having had a concussion.
- 1/11/2021 Orthopedic Evaluation: Jamize was diagnosed with lumbar sprain/strain with possible central canal stenosis and history of migraines under adequate control.
- 3/27/2018 Orthopedic Examination: Jamize had a history of missing 1 game due to a concussion.

IMPRESSION AND DISCUSSION:

1. Headaches
2. Dizziness
3. Photophobia

I am unable to determine whether Jamize has any neurocognitive impairment due to his failure of validity testing. Jamize does not have any neurological dysfunction that would prevent him from working for remuneration.

DISCUSSION:

Jamize is a 32-year-old former professional football player who presented for total and permanent and neurocognitive disability evaluations concerning multiple complaints. After taking and conducting a comprehensive history and examination, along with a discussion with the neuropsychologist (Dr. O'Rourke), I am unable to determine if Jamize has any true neurocognitive impairment. It is my professional medical opinion that his reported headaches, dizziness, and photophobia would not prevent him from obtaining and maintaining gainful employment.

Jamize reports having memory problems for the last 6 to 7 years. These issues were initially noticed while he was still playing in the NFL and he would be unable to recall the name of team that he had just played the week before. Jamize is now heavily dependent on checklists to help stay organized. He is easily distracted and occasionally forgets what he is saying if interrupted mid conversation. Jamize has a tough time remembering upcoming appointment/scheduled events if the details are not written down.

Despite the aforementioned complaints, Jamize reports doing well in the majority of his daily life. He is able to multitask, and he does not have any problems making daily plans. He can follow his finances, assemble tax documents, shop for groceries, make a snack, cook, and drive without issue.

Jamize had a borderline abnormal cognitive profile in his neurological examination. He scored a 24/30 on the MoCA, a grade that is 2 points below normal. However, it is important to note that no other deficiencies were seen on his exam. He did not have any aphasia, apraxias, agnosias, or frontal release

signs that would be indicative of global neurological impairment. A patient with a MoCA score of 24/30 may or may not have true cognitive impairment. In patients such as Jamize, neurocognitive testing is essential to confirm whether the deficiencies seen on the neurological exam are clinically relevant or not. Unfortunately, Jamize failed the validity testing measures given during his neuropsychological testing and I am thus unable to confirm that his borderline abnormal cognitive exam is a true representation of his cognitive abilities.

Jamize additionally had other neurological complaints of headaches, dizziness, and photophobia. Jamize has had headaches for years, and although they may make his day uncomfortable, they would not prevent him from working. His few seconds of dizziness per week are also not a cause of disability. Finally, Jamize's photophobia is not causing him impairment to the point that it would render him unemployable.

In conclusion, I am unable to determine whether Jamize has any true cognitive impairment due to his failure of validity testing measures given during the neuropsychological aspect of this joint evaluation. It is my professional medical opinion that Jamize's other neurological complaints are not a cause for disability and would not prevent him from working for remuneration.



Signature of Neurologist

6/8/2021

Date

MONTREAL COGNITIVE ASSESSMENT (MOCA)

NAME: James O. O'Leary

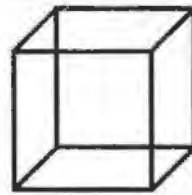
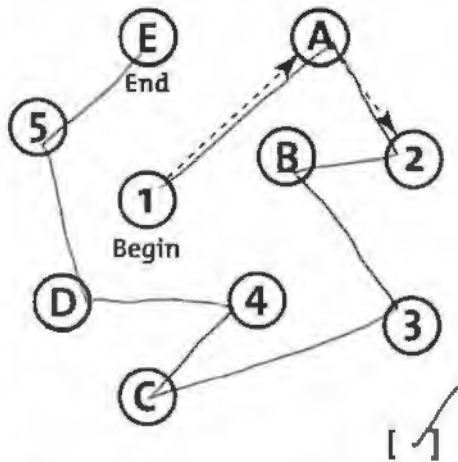
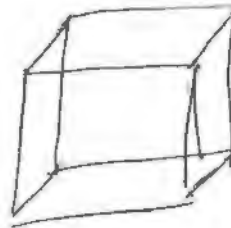
Education :

Date of birth :

Sex :

DATE: 6/8/21

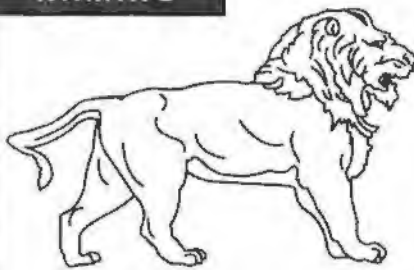
VISUOSPATIAL / EXECUTIVE

Copy
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(3 points)[✓]
Contour[✓]
Numbers[✓]
Hands

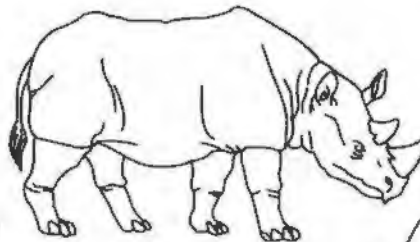
POINTS

5/5

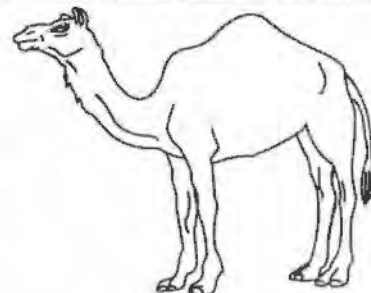
NAMING



[✓]



[✓]



[✓]

3/3

MEMORY

Read list of words, subject
must repeat them. Do 2 trials.
Do a recall after 5 minutes.

	FACE	VELVET	CHURCH	DAISY	RED
1st trial	[✓]	[✓]	[✓]	[✓]	[✓]
2nd trial	[✓]	[✓]	[✓]	[✓]	[✓]

No
points

ATTENTION

Read list of digits (1 digit/ sec.).

Subject has to repeat them in the forward order

[✓] 2 1 8 5 4

Subject has to repeat them in the backward order

[✓] 7 4 2

2/2

Read list of letters. The subject must tap with his hand at each letter A. No points if ≥ 2 errors

[✓] FBACMNAAJKLBAFAKDEAAAJAMOF AAB

1/1

Serial 7 subtraction starting at 100

[✓] 93

[✓] 86

[✓] 79

[✓] 72

[✓] 65

4 or 5 correct subtractions: 3 pts, 2 or 3 correct: 2 pts, 1 correct: 1 pt, 0 correct: 0 pt

3/3

LANGUAGE

Repeat : I only know that John is the one to help today. [✓]

The cat always hid under the couch when dogs were in the room. [✓]

2/2

Fluency / Name maximum number of words in one minute that begin with the letter F

[X] 8 (N ≥ 11 words)

0/1

ABSTRACTION

Similarity between e.g. banana - orange = fruit [✓] train - bicycle [✓] watch - ruler

2/2

DELAYED RECALL

Has to recall words

WITH NO CUE

FACE

[X]

VELVET

[X]

CHURCH

[X]

DAISY

[X]

RED

[X]

Points for
UNCUED
recall only

0/5

Optional

Category cue

Multiple choice cue

ORIENTATION

[✓] Date

[✓] Month

[✓] Year

[✓] Day

[✓] Place

[✓] City

6/6

free	free ball
food	frisbee
fire	flat
floor	
feet	

Today it is hot and humid in
San Antonio

JO-00906

E-Ballot - 07/01/2021

Case 1:23-cv-00358-JRR Document 124-13 Filed 03/04/25 Page 356 of 514



NFL PLAYER BENEFITS

DISABILITY PLAN

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Phone: 800.636.3186
Fax: 410.783.0041

PHYSICIAN REPORT FORM

TOTAL & PERMANENT DISABILITY BENEFITS

Notice to Physician: To preserve your independence and the integrity of the decision-making process, you must avoid contacts with attorneys or other representatives of the Players seeking disability benefits from the NFL Player Disability & Neurocognitive Benefit Plan. Please notify the NFL Player Benefits Office if you are contacted by any of these individuals.

To be completed by NFL Player Benefits Office:

Player's name: JAMIZE OLAWALE

DOB: [REDACTED]

Phone: [REDACTED]

Player's address: [REDACTED]

Player's Credited Seasons: 2012 - 2019

Claimed impairments: See Application

1. Did you receive records for this Player? ☒ YES | ☐ NO If so, how many pages? 196 pages plus 75 pages of two applications.
2. Did you evaluate the Player? ☒ YES | ☐ NO If so, when? 06/09/2021
3. Have you or your colleagues ever treated the Player previously? ☐ YES | ☒ NO
4. Based on your evaluation, what is the nature of the Player's impairment(s)?
(Attach additional sheets if necessary.)

Impairment to	Cause of impairment	
Unable to determine due to invalid test performance.	<input type="checkbox"/> Illness	<input type="checkbox"/> Other – _____
	<input type="checkbox"/> Injury	<input type="checkbox"/> Unknown
	<input type="checkbox"/> Illness	<input type="checkbox"/> Other – _____
	<input type="checkbox"/> Injury	<input type="checkbox"/> Unknown
	<input type="checkbox"/> Illness	<input type="checkbox"/> Other – _____
	<input type="checkbox"/> Injury	<input type="checkbox"/> Unknown

E-Ballot - 07/01/2021

5. In your opinion, is the Player **totally and permanently disabled** to the extent that he is substantially unable to engage in any occupation for remuneration or profit? ☐ YES | ☐ NO

☒ Unable to Determine

If you checked YES:

- Describe the impairments and explain how they prevent the Player from working. _____

- Has the Player's condition persisted or is it expected to **persist for at least 12 months** from the date of its occurrence, and excluding any reasonable recovery period? ☐ YES | ☐ NO

If you checked NO:

- Describe the type of employment in which the Player can engage. _____

6. Do you have any additional remarks? _____

Please provide the required narrative report with this form.

I certify that:

- ☒ I reviewed all records of this Player provided to me.
- ☒ I personally examined this Player.
- ☒ This Physician Report Form and the attached narrative report(s) accurately document my findings.
- ☒ My findings reflect my best professional judgment.
- ☒ I am not biased for or against this Player.


Signature

06/17/2021
Date

CLINICAL NEUROPSYCHOLOGY
OF TEXAS**NFL PLAYER DISABILITY & NEUROCOGNITIVE BENEFIT PLAN
NEUTRAL NEUROPSYCHOLOGY REPORT**

Players Name: Jamize Olawale
Player Date of Birth: [REDACTED]
Age: 32
Years of Education: 16 years
Occupation: Ret. NFL Player; Currently Unemployed
Date of Evaluation: 06/09/2021
Neutral Neuropsychologist: Justin O'Rourke, Ph.D., ABPP-CN

REASON FOR REFERRAL & INFORMED CONSENT

Mr. Olawale was referred by the NFL Players Benefits Program (NFLPBP) for a neutral neuropsychological exam related to a Total & Permanent Disability Benefits claim and a Neurocognitive Disability Benefits claim. His application for NFL Total & Permanent Disability Benefits listed the following complaints:

- "Any work activities are painful due to the overall impact of my orthopedic, neurological, neurocognitive, and psychological impairments, including but not limited to cumulative trauma."
- "Trauma to my body, brain, and mind. I also want to note that I was in a car accident in high school."
- "I suffered repetitive head trauma in the NFL (including recorded concussions). Now I have headaches, memory problems, left chronic vestibular hypofunction, speech problems, dizziness, foginess, losing my train of thought, mood swings, sensitivity to light, depression, concussions and repetitive head trauma from football, cumulative trauma, and the cumulative effect of these impairments."
- Mr. Olawale also stated, "Yes," to the question, "Did your disability result from alcohol abuse, substance abuse or psychiatric problems?"

Mr. Olawale's NFL Neurocognitive Disability Benefit application listed the following complaints and previous diagnoses:

- "I suffered repetitive head trauma in the NFL (including recorded concussions). Now I have headaches, memory problems, left chronic vestibular hypofunction, speech problems, dizziness, foginess, losing my train of thought, mood swings, sensitivity to light, concussions and repetitive head trauma from football, cumulative trauma, and the cumulative effect of these impairments."

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JO-00909

E-Ballot - 07/01/2021

Case 1:23-cv-00358-JRR Document 124-13 Filed 03/04/25 Page 359 of 514

Patient: Olawale, Jamize

DOE: 06/09/2021

- "Diagnosed with at least four (4) documented concussions," "headaches," "post-concussion syndrome," "memory loss," "forgetfulness and word finding difficulty," "loss of concentration," "[t]remor of both hands," "left chronic vestibular hypofunction."

Prior to beginning the evaluation, Mr. Olawale was provided with a verbal and written description of the nature and purpose of this exam, including the referral source (i.e., NFLPBP), time commitment, and limits of confidentiality. He acknowledged that the provider (i.e., neuropsychologist) who conducted this examination was not his treating provider, and that there was no doctor-patient relationship. He provided written and verbal consent to proceed with the evaluation and to have the neuropsychological report sent to the NFLPBP office. Mr. Olawale was also told it was important for him to provide honest and forthright answers in order to obtain accurate data.

RECORDS REVIEWED

Prior to the current examination, the NFL Player Benefits Program forwarded Mr. Olawale's Total & Permanent Disability Application (38 pages), Neurocognitive Disability Benefit Application (37 pages), and medical records (196 pages), which were reviewed prior to this examination. Letters from attorney Samuel Katz with Athlaw LLP and personal statements from Mr. Olawale and his wife, [REDACTED] Olawale, were included with the benefit applications and reviewed. For the purposes of this report, only medical records directly addressing Mr. Olawale's neurocognitive and psychological functioning are summarized below.

Unidentified Orthopedic History Questionnaire

An unidentified orthopedic history questionnaire signed by a player, and dated 12/04/2012, stated "2X concussions both in J. C."

Unidentified Note about Concussion and Face/Eyebrow Laceration

The medical records contained an unidentified note related to "concussion" and "face eyebrow laceration" on 10/08/2017. There was also no author identified on the note. The records indicated that Mr. Olawale "was trying to make a tackle when the L. Knee of one of his teammates hit him above the R. Eye as his helmet came up and caused a laceration and concussion." The injury was reported "immediately", and it occurred during a special teams punt return in the fourth quarter of a game. Mr. Olawale was "removed and did not return to the session." He was also "restricted from subsequent session."

Thomas Hardey, PhD, the Hardy Psychology Group

Thomas Hardey, PhD, completed an "NFL Neuropsychological Consultation Report" for Mr. Olawale on 10/09/2017. Dr. Hardey's report documented the following:

"Jamize Olawale is a 28-year-old fullback who was injured in a home game against Baltimore on October 8, 2017. He correctly remembered that his injury occurred in the third quarter of the game when the score was 24 to 10. He was returning downfield to tackle a returner. For some reason, two straps on his helmet were loose. As he approached the runner, he was accidentally struck in the right orbit area by a teammate's knee. That player was also attempting to tackle the opposing player. He remembered the pain of the hit and then next remembered that he was face down on the field. He felt "dazed, foggy, like it was an out-of-body experience." He was able to get up on his own but noted that he was bleeding. He was able to walk to the sideline but could

E-Ballot - 07/01/2021

Case 1:23-cv-00358-JRR Document 124-13 Filed 03/04/25 Page 360 of 514

Patient: Olawale, Jamize

DOE: 06/09/2021

not remember whether someone else walked with him. He was taken into the tent and examined...he was then taken to the locker room for further assessment where it was determined that he had sustained a concussion...Jamize watched the game and then showered. By this time, he had a headache "all over" and a throbbing pain in his right temple. He became nauseous and felt dazed. His wife drove him home after the game and he experienced the same symptoms when he was there. He went to bed at 8 p.m. which is early for him but woke again at 10 p.m. He was unable to fall back to sleep until 4 a.m. He got up this morning at 8 a.m. He reported that he has a continuing but lessening headache, continuing but less throbbing pain over his right eye. His eye was more swollen. He also noted pain when his car went over bumps in the road or when he was walking up or down stairs. He stated that shaking his head "hurts my brain."

In retrospect, Jamize feels that he might have had "minor concussions" earlier in the year, particularly in the preseason game against Dallas and on one other occasion during summer training camp. He stated that his current concussion is the worse that he has had since his NFL rookie year."

Dr. Hardey administered the ImPACT test and compared the results to previous ImPACT testing from April 2016. He concluded "this player has poor scores in visual memory, visual motor speed, reaction time, and total symptom scores." No scale scores or percentiles for the ImPACT were available for review in Dr. Hardey's report. The Trail Making Test was also administered, and Mr. Olawale scored in the low average range on Part A (20th percentile) and in the average range on Part B (50th percentile). Based on his interpretation of the results, Dr. Hardy stated, "neither of the above scores indicate this player has returned to baseline neuropsychological levels."

On 10/13/2017, Mr. Olawale returned to Dr. Hardey, who provided another "NFL Neuropsychological Consultation Report." Mr. Olawale was continuing to report headaches, as well as light and sound sensitivity. He also reported difficulty concentrating and focusing at team meetings and at home. The ImPACT test was administered again, and Dr. Hardy concluded, "while his overall scores are continuing to improve and to approach baseline levels, his reported symptoms remain high (18). He is not yet clear neuropsychologically."

Dallas Cowboys Football Club Medical Examination

Documents from a Dallas Cowboys Football Club Medical Examination, on 06/11/2018, noted that Mr. Olawale had a concussion with loss of consciousness at age 9. The record also documented a history of migraines. There was an indication that he had a concussion in 2017 without loss of consciousness. He was out of football for a week and had a headache for 2-3 months, but the notes also indicated he was currently "symptom free."

Oakland Raiders End of Season (2017) Physical Examination

Mr. Olawale completed a questionnaire on 01/01/2018 and indicated that he was experiencing "random headaches/dizziness... trouble remembering things."

Dallas Cowboys Football Club Health History Questionnaire

Mr. Olawale reported a prior concussion on a health history questionnaire dated 03/27/2018. He stated "last yr against the Baltimore Ravens my own teammate and I collided attempting to make a tackle on the punt coverage unit." The notes also indicated he felt dazed after the hit. Mr. Olawale did not endorse

E-Ballot - 07/01/2021

Case 1:23-cv-00358-JRR Document 124-13 Filed 03/04/25 Page 361 of 514

Patient: Olawale, Jamize

DOE: 06/09/2021

loss of memory or amnesia, dizziness or fainting spells, blackout spells, or epilepsy/convulsions/seizures.

Robert Fowler & Jim Maurer

Dr. Robert Fowler evaluated Mr. Olawale on 12/30/2019 and documented complaints of intermittent faint headaches as well as the following:

"He is also concerned about some perceived "forgetfulness" without reporting Frank [sic] memory loss. He did have a significant concussion in 2017 in midseason where he was apparently hit in the right frontoparietal region he had headache dizziness photophobia and another [sic] symptoms. He missed one game but ultimately cleared the protocol. He had not had any headaches or issues until the onset this year and training camp without and [sic] associated head trauma."

The remaining notes authored by Jim Mauer through 09/25/2020 were primarily focused on headaches but noted that there was an MRI and MRA that suggested no abnormalities. The notes also indicated Mr. Olawale was referred for a neuropsychological evaluation.

Alan Martin, MD, Texas Neurology

Neurologist Alan Martin, MD, evaluated Mr. Olawale on 01/03/2020 and 02/06/2020 for "Headaches/Issues related to Concussions." Dr. Martin documented Mr. Olawale's self-reported history as follows:

"[Mr. Olawale] is a professional football player in the NFL... and describes that he gets hit in the head frequently while blocking. He had occasional headaches in childhood and adolescence but they were not severe and occurred only rarely without migrainous features. He described his first concussion at [sic] occurring around age 8 or 9. He played football his whole life. He says that he's had multiple concussions. His last diagnosed concussion was 2017, when he had headache with light sensitivity and early cognitive symptoms. Symptoms resolved within about a week and he returned to playing, but he has noted increased intermittent headaches since then... He describes having had multiple concussive-type symptoms throughout his professional career that he did not report. He would have symptoms with head trauma with transient symptoms of being dazed with ringing in the ear and mild headache, which resolved within minutes. He had other episodes which lasted longer, but he did not report... He was concerned about subtle cognitive symptoms such as decreased concentration or momentary mental blocking."

Upon physical exam, Dr. Martin described Mr. Olawale as "awake, alert, and oriented with normal language, memory, attention, concentration, and fund of knowledge... Mood and affect are appropriate." A PHQ-9 was completed, and Mr. Olawale had a total score of 5. At the end of the note, Dr. Martin offered diagnoses of "other headache syndrome" and "history of multiple concussions." He concluded that Mr. Olawale had a headache syndrome which could be chronic migraine but could also be related to a history of multiple concussions and episodes of unreported concussive-type symptoms.

At a follow-up appointment on 02/06/2020, Dr. Martin noted that an MRI of the brain and intracranial MRA were both normal. Mr. Olawale was said to have two generalized mild headaches a week, but he did not have any localized pain, nausea, light sensitivity, focal neurologic symptoms, or other

E-Ballot - 07/01/2021

Case 1:23-cv-00358-JRR Document 124-13 Filed 03/04/25 Page 362 of 514

Patient: Olawale, Jamize

DOE: 06/09/2021

migrainous features. Only a PHQ-2 was administered, and Mr. Olawale stated that he had little interest or pleasure in doing things several days of the week, and he felt down, depressed, or hopeless several days of the week. Again, Dr. Martin documented normal language, memory, attention, concentration, and fund of knowledge, and the medical diagnoses at the end of the report remained unchanged from the prior visit.

Erin Reynolds, PsyD, & Kayla Covert, PT, Baylor Scott & White

Neuropsychologist Erin Reynolds, PsyD, completed an evaluation of Mr. Olawale on 02/11/2020. Dr. Reynolds documented Mr. Olawale's self-reported history of headaches and injuries in football. He reported that four to five hits stood out as most significant, and these incidents caused "on-field dizziness with disorientation and confusion... but he did not report any of these injuries and continued to play through." After the 2017 concussion, he started having more frequent headaches that were "typically minor in nature." Dizziness and light/noise sensitivity also developed after the 2017 concussion, but they eventually resolved. Mr. Olawale's self-reported symptoms at the time of Dr. Reynolds' exam included random episodes of dizziness, difficulty concentrating, problems retaining information, trouble losing his train of thought during conversations, and difficulty learning new plays. He also endorsed problems with irritability and anger.

Dr. Reynolds administered the ImpACT to Mr. Olawale and concluded that his scores fell within the reliable change expectations of his 2010 baseline. His verbal memory score was at the 97th percentile, visual memory was at the 65th percentile, processing speed was at the 73rd percentile, and reaction time was at the 93rd percentile. Other tests that were administered included the C3 Logix, the PCSS, Dynamic Visual Acuity Test, and the VOMS. Dr. Reynolds noted that the results from the C3 Logix and VOMS were within normal limits, but she believed that there was significant gaze instability on the Dynamic Visual Acuity Test.

Dr. Reynolds concluded that Mr. Olawale had ongoing headaches following the 2017 concussion and that he may have had several concussions he did not report. She also added that his cognitive test scores were consistent with his 2010 baseline as well as his ImpACT clearance scores in 2017. She went on to say that the Dynamic Visual Acuity Test in combination with Mr. Olawale's subjective report may indicate high functioning left chronic vestibular dysfunction with compensation through pursuit saccadic systems. She deferred to neurologist Dr. Martin to initiate treatment.

Physical therapist Kayla Covert then apparently completed an assessment of vestibular functioning and began a "Vestibular Concussion Plan of Care" on 02/19/2020. Ms. Covert concluded that Mr. Olawale had peripheral vestibular hypofunction with severe gaze instability. Treatment recommendations included ongoing neuromuscular reeducation and therapeutic interventions to treat vestibular symptoms.

Mr. Olawale had a follow-up visit with Dr. Reynolds on 03/20/2020 that included a clinical interview and a neurobehavioral status exam. He reported "feeling good" though he still had some mild headaches. Dr. Reynolds concluded that Mr. Olawale's symptoms were improving and that his overall headaches were better since he was not currently participating in hitting drills. She also stated:

"I do not feel that he is currently experiencing symptoms due to concussion and do not consider him higher risk at this time. As stated in previous documentation, his neurocognitive testing is consistent with previously collected data (including baseline data) as far back as 2010,

E-Ballot - 07/01/2021

Case 1:23-cv-00358-JRR Document 124-13 Filed 03/04/25 Page 363 of 514

Patient: Olawale, Jamize

DOE: 06/09/2021

suggesting no cognitive decline. Any perceived cognitive decline at this point is likely secondary distress and not indicative of organic neurodegeneration."

Dr. Reynolds visited with Mr. Olawale for a telemedicine appointment on 04/29/2020. Mr. Olawale reported he was experiencing markedly less stress and he was doing well except for two headaches that March. He was also no longer experiencing any vestibular symptoms. Dr. Reynolds concluded that Mr. Olawale was doing well, and his symptoms of concussion had "abated completely." As a neuropsychologist, Dr. Reynolds claimed that his headaches were "likely posttraumatic migraine" and that he may be a candidate for abortive headache medicine; though, Mr. Olawale was "not interested in learning more about that option." She then offered to refer Mr. Olawale to Dr. Martin for treatment when he was interested.

Dallas Cowboys Football Club Medical Examination

A handwritten medical examination note was completed by a physician on 07/28/2020. The handwriting was difficult to read but appeared to say Mr. Olawale had a prior concussion reported in 2017 as well as his belief that he had sustained "a few other minor ones."

Alan Martin, MD, Texas Neurology

Mr. Olawale had a follow-up appointment with Dr. Martin on 09/25/2022 to address headaches. Dr. Martin stated, "the patient returns and has made significant improvement. He only gets a headache about once a week and is relatively mild. He is not playing football and being hit in the head the season. His cognitive function is good, although he has to write himself notes occasionally on his phone to help with memory." Mr. Olawale also denied symptoms of dizziness, imbalance, light sensitivity, nausea, or other focal neurological signs. The PHQ-9 was completed again and Mr. Olawale had a score of 4. Diagnoses offered by Dr. Martin again included "other headache syndrome" and "history of multiple concussions."

Jessica Mason, FNP, Kane Hall Barry Neurology

Registered nurse Jessica Mason, FNP, evaluated Mr. Olawale on 01/22/2021. Ms. Mason diagnosed him with migraines and memory loss. The note stated, "patient presents with forgetfulness and word finding difficulty. No behavioral concerns at this time. MoCA score today was 24/30 with 0/5 items recalled after five minutes and language deficits. During casual conversation word finding difficulty noted as well as loss of concentration." Neuropsychological testing was recommended.

-----End of record review-----

CURRENT CLINICAL INTERVIEW:

Self-reported Medical Concerns:

Mr. Olawale reported a history of two concussions with loss of consciousness. The first occurred after he ran into a pole while playing catch with his brother when he was 8 or 9 years old. He was not sure how long he was unconscious, but he regained awareness near where he was injured and recalled that his brother had moved on and was playing with his sister nearby. The second loss of consciousness occurred when he "thought [he] was "knocked out" during a punt return with the Oakland Raiders in 2016 or 2017. He recalled that his helmet was not strapped correctly when one of his teammate's legs hit him in the head. Mr. Olawale thought he immediately stood back up after the hit, but the post-game

E-Ballot - 07/01/2021

Case 1:23-cv-00358-JRR Document 124-13 Filed 03/04/25 Page 364 of 514

Patient: Olawale, Jamize

DOE: 06/09/2021

film showed he was down for a few seconds that he did not recall. After an examination by the team staff, he was pulled from that game and examined by medical providers.

Mr. Olawale denied any other incidents with a loss of consciousness. He recounted another hit during his rookie year with the Dallas Cowboys that he described as worse than just getting his bell rung. The incident happened after he ran full speed at an opposing player and was knocked onto his back. He felt like he was cross-eyed for 15-30 minutes after the impact. Mr. Olawale then stated that 90% of his blocking plays as a Fullback resulted in hits where he felt dazed afterwards.

In terms of other physical concerns, Mr. Olawale reported head and back pain while sitting, as well as knee and ankle pain when walking. He rated his current pain level as 3/10. Daily headaches were a concern, and they seemed to get worse with exercise. Helpful treatments included sitting in a dark room and over-the-counter medication, which he did not take often. Sensory complaints included "mild" light sensitivity. Occasional numbness and tingling also occurred in his hands, which he attributed to a neck injury. Dizziness was also reported, but only when he stood up too fast (he did not recall any diagnoses of orthostatic hypotension). Motor concerns were limited to occasional shaking in his hands when his arms were extended.

Mr. Olawale was not currently followed by a primary care physician or any specialists. He recalled completing neuropsychological screenings in the past.

Psychiatric treatment history was unremarkable. He has never been hospitalized for mental health reasons or substance abuse treatment, and he never engaged in psychological services as an adult. When he was child, he went to court-appointed family therapy because of a custody dispute between his parents.

Prescription Medications:

None

Self-reported Cognitive Concerns:

Mr. Olawale reported gradually worsening cognitive problems that began 5-6 years ago. He estimated he was functioning at about 65-70% of his normal baseline today. Specific concerns included memory problems (his primary concern), poor concentration, "stuttering," and difficulty tracking conversations. When asked for examples, Mr. Olawale recounted a situation where he and a friend were planning to build a preschool, and they had a discussion with a nearby landowner, but he could not recall details of the conversation even though he heard everything that was stated. As another example, Mr. Olawale indicated he would get distracted while reading and he did not remember what he read when he reached the bottom of the page. Lastly, Mr. Olawale clarified what he meant by problems with "stuttering." He meant that he would occasionally stumble over his words and have difficulty communicating clearly, which caused him to feel self-conscious in conversations.

Self-reported Psychological Symptoms, Sleep, and Substance Use:

Mr. Olawale reported problems with "feeling down a lot" then added, "I wouldn't say it's depression." He clarified that he meant he felt irritable to the point that he would occasionally become aggressive. For example, he would raise his voice and treat the dog poorly. On one occasion, he hit his wife and was particularly rough with the dog, so she called the police. The police responded and talked with him,

E-Ballot - 07/01/2021

Case 1:23-cv-00358-JRR Document 124-13 Filed 03/04/25 Page 365 of 514

Patient: Olawale, Jamize

DOE: 06/09/2021

but no arrest was made. Aggression towards people outside the home was also a concern and he has had a fight with his father-in-law, as well as drivers on the road. Of note, Mr. Olawale denied ever abusing his children. Regarding other psychological symptoms, Mr. Olawale reported prior passive suicidal ideation, but he denied any current intent or prior attempts. No other psychological problems were reported, including abnormally high levels of anxiety.

Mr. Olawale's quality of sleep varied, but he did not feel he had sleep problems. A typical night of sleep lasted from 1 or 2 am to 10:30am. He reported he had not been diagnosed with a sleep disorder.

Alcohol use was limited to "a couple sips" once every 4-5 months. Mr. Olawale denied tobacco, marijuana, or other illicit substance use.

Daily Functioning:

Mr. Olawale denied any problems with basic activities of daily living (e.g., eating, hygiene, dressing). A financial advisor managed his money because he did not want to risk forgetting to pay bills and subsequently hurting his credit. Mr. Olawale denied any problems with driving aside from his tendency towards "road rage." He was not currently working, and he was not pursuing employment, so there was no information available about his work performance. Socially speaking, Mr. Olawale described himself as someone who had always been reserved, but he enjoyed interactions with his family members and former teammates. He added that he was "never the life of the party" but he thought that his desire to interact with others had declined.

Developmental, Educational, and Vocational History:

Mr. Olawale was raised in San Francisco. He now lived in Southlake, Texas. English was his only language. There were no complications with his birth or problems with his development. Academic problems were denied. He typically earned Bs and Cs because he "did not have much interest in school." Mr. Olawale attended the University of North Texas and earned a bachelor's degree in sociology. Regarding his football career, Mr. Olawale went straight to the Dallas Cowboys from the University of North Texas in 2012. He then moved over to the Oakland Raiders in 2013 before returning to the Cowboys in 2018. Mr. Olawale retired from playing football this year and he has not been employed since. He also had no plans for future employment. Regarding his relationships, Mr. Olawale had been married since 2011 and he had three kids, ages 7 to 10.

BEHAVIORAL OBSERVATIONS / NEUROBEHAVIORAL STATUS EXAM

Mr. Olawale arrived on-time and alone for his evaluation, though his wife reportedly drove him to the appointment. The evaluation began at 9:00 am and was completed at 1:40pm. He was fully oriented to person, time, place, and situation. There were no fluctuations in his cognition, awareness, or functioning during the evaluation. Speech was fluent with normal prosody, tone, and volume. There was no indication of anomia or aphasia. No gait or fine motor abnormalities were observed, including tremor. Visual fields were full to confrontation and there was no visual extinction, visual agnosia, neglect, or hemi-inattention. He did not exhibit any psychosis, delusions, perseveration, impulsiveness, or stimulus-bound behavior. Vision and hearing were adequate for examination. There were no apparent physical limitations on his ability to complete the neuropsychological test battery. He did not physically exhibit any pain during the evaluation.

NEUROPSYCHOLOGICAL TESTS ADMINISTRED (see Appendix)

E-Ballot - 07/01/2021

Case 1:23-cv-00358-JRR Document 124-13 Filed 03/04/25 Page 366 of 514

Patient: Olawale, Jamize

DOE: 06/09/2021

Wechsler Adult Intelligence Scale - IV (WAIS-IV), select subtests

Test of Pre-Morbid Functioning (TOPF)

Wisconsin Card Sorting Test (WCST)

Delis-Kaplan Executive Functioning System (DKEFS)

Trail Making (TM)

Verbal Fluency (VF)

Color-Word Interference (CWI)

Boston Naming Test (BNT)

Wechsler Memory Scale - IV (WMS-IV)

Logical Memory I and II

Visual Reproduction I and II

California Verbal Learning Test - II (CVLT-II)

Rey Complex Figure Test (RCFT) - Copy

Medical Symptom Validity Test (MSVT)

Test of Memory Malingering (TOMM)

Minnesota Multiphasic Personality Inventory-2-Restructured Form (MMPI-2RF)

Beck Depression Inventory-II

Beck Anxiety Inventory

Clinical Interview

NEUROPSYCHOLOGICAL TEST SUMMARY

Mr. Olawale's scores on two standalone performance validity tests (PVTs) and some embedded PVTs are in the invalid range according to published criteria (Green, 2004; Martin et al., 2020). The pattern of poor PVT scores indicates the neuropsychological test data cannot be relied upon as a credible representation of Mr. Olawale's current cognitive functioning. Neuropsychological test results are not summarized by domain in this report so that low test scores are not misinterpreted as evidence of impairment. Mr. Olawale's test scores are provided in an appendix at the end of this report for documentation purposes only.

PSYCHOLOGICAL TEST RESULTS SUMMARY

Mr. Olawale's scores on symptom validity tests (SVTs) within the MMPI-2-RF indicate that he understood items and responded consistently. There is a slight elevation on an SVT associated with over-reported memory problems, but there are no indications he over-reported psychological symptoms. Clinical scales within the MMPI-2-RF do not indicate broad emotional, behavioral, or thought dysfunction. However, there is evidence Mr. Olawale is prone to develop physical symptoms in response to stress and he is preoccupied with concerns about his health. He also perceives diffuse cognitive problems, vague neurological complaints, headaches, and fatigue. He is prone to feel socially disengaged and introverted, but test results suggest this is a longstanding personality characteristic. Mr. Olawale has a high score on a scale associated with past suicidal ideation. Results also suggest he is prone to anger and aggression that ranges from irritability to physical acts against others. On the BDI-II, his score is in the "moderate" range for depressive symptoms, and his score on the BAI suggests "minimal" anxiety symptoms.

Patient: Olawale, Jamize
DOE: 06/09/2021

VALIDITY TESTS

Part 1

Test results on TOMM and MSVT were valid _____
Invalid test results on TOMM and MSVT XXXX
Invalid test results on TOMM only _____
Invalid test results on MSVT only _____
Invalid test results on embedded validity tests
(CVLT–II, WMS IV, and WAIS IV Reliable Digits) XXXX

Part 2 (Complete only if test results were invalid on either the TOMM or MSVT, but not on both of those tests)

Overall test results were invalid and inadequate
to establish neurocognitive impairment XXXX
Some test results were invalid, but the test results
overall establish a neurocognitive impairment _____

Explain the reasons for your answer to this Part 2:

Mr. Olawale’s scores on multiple PVTs are in the invalid range. Taken together, the specificity of the PVTs indicate there is <0.001% chance that the poor validity test scores are due to error. Mr. Olawale’s neuropsychological test results are artificially low due to non-credible performance, and they significantly underestimate his true cognitive abilities. Listed below are descriptions of Mr. Olawale’s symptom presentation in relation the multidimensional criteria for non-credible cognitive test performance (Sherman et al., 2020; Slick et al., 1999). Mr. Olawale’s PVT scores are also listed in a second table below.

MULTIDIMENSIONAL CRITERIA	INTERPRETATION
Scores on embedded and stand-alone performance validity measures	Invalid: See table below for PVT results
Pattern of performance markedly discrepant from accepted models of CNS dysfunction	Indeterminate
Discrepancy between test data and observed behavior	Invalid: Mr. Olawale’s exceptionally low scores on memory testing are inconsistent with his ability to recall details of events during the clinical interview.
Discrepancy between test data and documented background or history	Invalid:

E-Ballot - 07/01/2021

Case 1:23-cv-00358-JRR Document 124-13 Filed 03/04/25 Page 368 of 514

Patient: Olawale, Jamize

DOE: 06/09/2021

	Neuropsychological screening exams from both Dr. Reynolds and Dr. Hardey indicated that Mr. Olawale had returned to his normal cognitive baseline, and that there was no evidence of a cognitive impairment on their testing.
Self-reported history discrepant with documented history	Invalid: Mr. Olawale's report of declining cognitive functioning over the last 5-6 years contradicts the documented improvement in his cognitive functioning in the medical records. On 03/20/2020, Dr. Reynolds stated, "I do not feel that he is currently experiencing symptoms due to concussion," and on 04/29/2020, she stated that his symptoms of concussion had "abated completely."
Self-reported symptoms discrepant with known patterns of brain abnormality	Indeterminate
Self-reported symptoms discrepant with behavioral observations	Indeterminate

PERFORMANCE VALIDITY TESTS	SCORE	INTERPRETATION
Test of Memory Malinger Trial 1	21	Invalid Range
Test of Memory Malinger Trial 2	28	Invalid Range
Test of Memory Malinger Retention	17	Invalid Range
Medical Symptom Validity Test IR	70	Invalid Range
Medical Symptom Validity Test DR	60	Invalid Range
Medical Symptom Validity Test CNS	60	Invalid Range
Medical Symptom Validity Test PA	40	--
Medical Symptom Validity Test FR	20	--
CVLT-II Forced Choice Recognition	11	Invalid Range
ACS - RDS	10	>25
ACS - WMS-IV LM Recognition (Raw)	19	<25
ACS - WMS-IV VR Recognition (Raw)	3	<10

SUMMARY AND IMPRESSIONS

Mr. Olawale's neuropsychological test results are invalid, and they are not an accurate reflection of his current cognitive abilities. Therefore, test results cannot be relied upon to confirm or disconfirm a neurocognitive disorder for the purpose of determining a disability.

Mr. Olawale's scores are in the invalid range on multiple performance validity tests. The probability that the low PVT scores are due to measurement error is <0.001%. His scores are worse than chance on one standalone PVT. On the most robust performance validity test in the battery, Mr. Olawale's scores are the same as those from people asked to purposefully perform poorly on testing. In contrast, more than 99.9% of patients with confirmed medical and psychiatric conditions have better validity test scores

E-Ballot - 07/01/2021

Case 1:23-cv-00358-JRR Document 124-13 Filed 03/04/25 Page 369 of 514

Patient: Olawale, Jamize

DOE: 06/09/2021

than Mr. Olawale, including patients with concussions, severe traumatic brain injury, neurological disease, early dementia, memory disorders, major depression, chronic pain, orthopedic injury, anxiety, schizophrenia, and children with low IQ or learning disabilities. Taken together, the PVT results mean it is more likely than not that Mr. Olawale's implausibly poor scores are due non-credible performance, and that the poor PVT scores cannot be attributed to chronic pain, psychological symptoms, neurological disease or injury, or true cognitive impairment.

On psychological testing, there is evidence Mr. Olawale has limited positive emotional experiences and a tendency to become preoccupied with his health. He perceives himself as having diffuse cognitive problems, but this contradicts multiple reports from previous neuropsychologists who indicate he has been functioning at his normal cognitive baseline. Mr. Olawale also endorses vague neurological problems, headaches, and fatigue. Socially, he is prone to anger, and he reported occasional instances of past physical aggression. He is also socially introverted and disengaged, but psychological testing suggests this is a longstanding personality trait. Mr. Olawale also endorses past suicidal ideation without intent.

TOTAL AND PERMANENT DISABILITY:

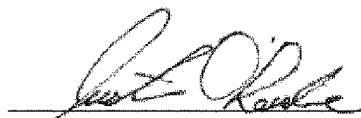
The test results produced by Mr. Olawale today cannot be relied upon to determine if he meets NFLPBP criteria for Total & Permanent Disability, which state he must have impairments that prevent him from "substantially engaging in any occupation for remuneration or profit." Mr. Olawale's neuropsychological exam results are invalid due to non-credible test performance. In other words, his scores significantly underestimate his true cognitive abilities and do not accurately reflect his current level of functioning.

Mr. Olawale currently reports some symptoms of a psychiatric health condition, possibly depression or a disruptive/impulse-control disorder, that may pose a barrier to successful employment. Consequently, the NFLPBP may wish to consider completing a neutral psychiatric exam to determine if he has a psychiatric condition sufficiently severe to prevent him from working. Again, Mr. Olawale was provided with information about the NFL Lifeline and encouraged to contact them if he needed resources to assist with his psychological health.

USE OF TESTING ASSISTANTS

_____ This neuropsychologist conducted the entire examination, including records review, clinical interview, neuropsychological testing and scoring, and interpretation and report preparation.

XXXX This neuropsychologist conducted the records review, clinical interview, and interpretation and report preparation. Neuropsychological testing was conducted by Macy Durham, a neuropsychology post-doctoral fellow or a psychometrician. This neuropsychologist is responsible for supervision of the fellow or psychometrician who conducted the testing.


Justin O'Rourke, Ph.D., ABPP, ABCN
Board Certified in Clinical Neuropsychology
TX License #36901

Patient: Olawale, Jamize
DOE: 06/09/2021

APPENDIX A: NFL Disability Program Neurocognitive Battery

Age (years):	32	Education (years):	16
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TOPI and WAIS-IV Composite Scores	Age SS	Demographic Adjusted T score	%tile	Description
Pre-morbid Intellectual Functioning				
TOPI (Standard Score)	109	--	73	
WAIS-IV Composite Scores				
Verbal Comprehension (VCI)	100		50	
Perceptual Reasoning (PRI)	111		77	
Working Memory (WMI)	97	--	42	
Processing Speed (PSI)	92	--	30	
Full Scale IQ (FSIQ)	101		53	
General Ability (GAI)	105		63	
WAIS-IV Subtest Scores				
Verbal Comprehension				
Similarities	8	--	25	
Information	12	--	75	
Perceptual Reasoning				
Block Design	11	--	63	
Visual Puzzles	13	--	84	
Working Memory				
Digit Span	8	--	25	
Arithmetic	11	--	63	
Processing Speed				
Symbol Search	8	--	25	
Coding	9	--	37	

E-Ballot - 07/01/2021

Case 1:23-cv-00358-JRR Document 124-13 Filed 03/04/25 Page 371 of 514

Patient: Olawale, Jamize

DOE: 06/09/2021

Test	Score	T-Score	%tile	Description
Processing Speed/Efficiency				
WAIS-IV Symbol Search (SS)	8	--	25	
WAIS-IV Coding (SS)	9	--	37	
D-KEFS Visual Scanning (SS)	10	--	50	
D-KEFS Number Sequencing (SS)	12	--	75	
D-KEFS Letter Sequencing (SS)	11	--	63	
Executive Functioning				
Wisconsin Card Sorting Test (WCST)				
Categories Completed (Raw)	6	--	>16	
Perv. Responses (Raw Score)	5	51	53	
Perv. Errors (Raw Score)	5	51	53	
Failures to Maintain Set (Raw)	1	--	>16	
DKEFS Color Naming (SS)	9	--	37	
Word Reading (SS)	10	--	50	
Inhibition (SS)	11	--	63	
Inhibition/Switching (SS)	12	--	75	
Number Letter Switching (SS)	12	--	75	
Phonemic Fluency (SS)	4	--	2	
Category Fluency (SS)	5	--	5	
Category Switching (SS)	6	--	9	
Attention				
WAIS IV Digit Span (SS)	8	--	25	
Verbal Learning/Recent Memory				
CVLT II Trial 1 (z-score)	-2	--	2	
Trial 5 (z-score)	-2.5	--	1	
Sum Trials 1-5 (T-Score)		24	<1	
Short Delay Free Recall (z-score)	-2	--	2	
Short Delay Cued Recall (z-score)	-2.5	--	1	
Long Delay Free Recall (z-score)	-3.5	--	<1	
Long Delay Cued Recall (z-score)	-4	--	<1	
LDFR v SDFR (z-score)	-1.5	--	7	
Learning Slope (z-score)	-0.5	--	31	
Repetitions (z-score)	-0.5	--	31	
Intrusions (z-score)	1	--	84	
WMS-IV Logical Memory I (SS)	4	--	2	
Logical Memory II (SS)	1	--	<1	
Nonverbal Learning/Recent Memory				
WMS IV Visual Reproduction I (SS)	2	--	<1	
Visual Reproduction II (SS)	1	--	<1	
Test	Score	T-Score	%tile	Description

E-Ballot - 07/01/2021

Case 1:23-cv-00358-JRR Document 124-13 Filed 03/04/25 Page 372 of 514

Patient: Olawale, Jamize

DOE: 06/09/2021

Language				
Boston Naming Test (Raw Score)	54	--	--	
Scale Score and T-Score	9	--	--	
DKEFS Categorical Fluency (SS)	5	--	5	
Spatial Perceptual Skills				
Rey-Osterrieth Figure Copy (Raw Score)	34	--	>16	
Scale Score and T-Score	--	--	--	
WAIS IV Block Design (SS)	11	--	63	
WAIS-IV Visual Pictures (SS)	13	--	84	
Motor Speed				
DKEFS Motor Speed (SS)	11	--	63	

Performance Validity Indices	Score	Description
Effort Measures		
Test of Memory Malingering Trial 1	21	Invalid Range
Test of Memory Malingering Trial 2	28	Invalid Range
Test of Memory Malingering Retention	17	Invalid Range
Medical Symptom Validity Test IR	70	Invalid Range
Medical Symptom Validity Test DR	60	Invalid Range
Medical Symptom Validity Test CNS	60	Invalid Range
Medical Symptom Validity Test PA	40	--
Medical Symptom Validity Test FR	20	--
CVLT-II Forced Choice Recognition	11	Invalid Range
		Base Rate Probability
ACS - RDS	10	>25
ACS - WMS-IV LM Recognition (Raw)	19	<25
ACS - WMS-IV VR Recognition (Raw)	3	<10

E-Ballot - 07/01/2021

Case 1:23-cv-00358-JRR Document 124-13 Filed 03/04/25 Page 373 of 514

Patient: Olawale, Jamize

DOE: 06/09/2021

Mood/Personality	Score	Range
BDI-II	Raw= 21	Moderate
BAI	Raw= 7	Minimal
MMPI 2-RF	T-Score	
Variable Response Inconsistency (VRIN-r)	58	
True Response Inconsistency (TRIN-r)	57T	
Infrequent Responses (F-r)	70	
Infrequent Psychopathology Responses (Fp-r)	51	
Infrequent Somatic Responses (Fs)	58	
Symptom Validity (FBS-r)	73	
Response Bias Scale (RBS)	80	
Emotional/Internalization Dysfunction(EID)	62	
Thought Dysfunction (THD)	39	
Behavioral/Externalizing Dysfunction (BXD)	60	
Demoralization (RCd)	64	
Somatic Complaints (RC1)	70	
Low Positive Emotions (RC2)	73	
Cynicism (RC3)	51	
Antisocial Behavior (RC4)	59	
Ideas of Persecution (RC6)	43	
Dysfunctional Negative Emotions (RC7)	52	
Aberrant Experiences (RC8)	52	
Hypomanic Activation (RC9)	46	
Malaise (MLS)	75	
Head Pain Complaints (HPC)	72	
Neurologic Complaints (NUC)	75	
Cognitive Complaints (COG)	80	
Suicidal/Death Ideation (SUI)	79	
Stress/Worry (STW)	52	
Anxiety (AXY)	44	
Anger Proneness (ANP)	73	
Substance Abuse (SUB)	41	
Aggression (AGG)	73	

E-Ballot - 07/01/2021

Case 1:23-cv-00388-JRR Document 124-13 Filed 03/04/25 Page 374 of 514



NFL PLAYER BENEFITS

DISABILITY PLAN

200 St. Paul Street, Suite 2420
Baltimore, Maryland 21202
Phone: 800.638.3186
Fax: 410.783.0041

JOINT PHYSICIAN REPORT FORM

NEUROCOGNITIVE DISABILITY BENEFITS

Notice to Physicians: To preserve your independence and the integrity of the decision-making process, you must avoid contacts with attorneys or other representatives of the Players seeking disability benefits from the NFL Player Disability & Neurocognitive Benefit Plan. Please notify the NFL Player Benefits Office if you are contacted by any of these individuals.

To be completed by NFL Player Benefits Office:

Player's name: JAMIZE OLAWALE

DOB: [REDACTED]

Phone: ([REDACTED])

Player's address: [REDACTED]

Player's Credited Seasons: 2012 - 2019

Claimed impairments: See Application

1. Did you receive records for this Player? ☒ YES | ☐ NO If so, how many pages? 196 pages plus 75 pages of two applications.
 2. Did you evaluate the Player? ☒ YES | ☐ NO If so, when? 6/8/21 & 06/09/2021
 3. Have you or your colleagues ever treated the Player previously? ☐ YES | ☒ NO
 4. Does the Player show evidence of acquired neurocognitive impairment?
☐ YES | ☐ NO | ☒ UNABLE TO DETERMINE due to low scores on validity measures
- If you checked YES:**
- Is the Player's acquired neurocognitive impairment **mild** or **moderate** as defined by the Plan? ☐ Mild* | ☐ Moderate†

* **Mild impairment:** Player has a mild objective impairment in one or more domains of neurocognitive functioning which reflect acquired brain dysfunction, but not severe enough to interfere with his ability to independently perform complex activities of daily living or to engage in any occupation for remuneration or profit.

† **Moderate impairment:** Player has a mild-moderate objective impairment in two or more domains of neurocognitive functioning which reflect acquired brain dysfunction and which may require use of compensatory strategies and/or accommodations in order to independently perform complex activities of daily living or to engage in any occupation for remuneration or profit.

E-Ballot - 07/01/2021

Case 1:23-cv-00388-JRR Document 124-13 Filed 03/04/25 Page 375 of 514

- Is the Player's neurocognitive impairment likely secondary to a primary psychiatric problem or substance use/abuse problem?

☐ No | ☐ Primary psychiatric problem | ☐ Substance use/abuse

5. Do you have any additional remarks? _____

Please provide the required narrative reports with this form. **This Joint Physician Report Form will not be complete without the individual reports and the signatures of both Plan neutral physicians.**

We certify that:

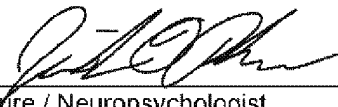
- ☒ We reviewed all records of this Player provided to us.
- ☒ We personally examined this Player.
- ☒ This Joint Physician Report Form and the attached narrative report(s) accurately document our findings.
- ☒ Our findings reflect our best professional judgment.
- ☒ We are not biased for or against this Player.



Signature / Neurologist

6/17/21

Date



Signature / Neuropsychologist

06/17/2021

Date



NFL PLAYER BENEFITS

DISABILITY PLAN

200 St. Paul Street, Suite 2420
Baltimore, Maryland 21202
Phone: 800.638.3186
Fax: 410.785.0041

Via Email

August 13, 2021

Mr. Jamize Olawale



**Re: NFL Player Disability, Neurocognitive & Death Benefit Plan
Initial Decisions by the Disability Initial Claims Committee**

Dear Mr. Olawale:

On August 4, 2021, the Disability Initial Claims Committee ("Committee") of the NFL Player Disability, Neurocognitive & Death Benefit Plan ("Plan") considered and denied your applications for line-of-duty disability ("LOD"), total and permanent disability ("T&P"), and neurocognitive disability ("NC") benefits. This letter explains the Committee's decisions and your appeal rights. Enclosed with this letter are the relevant Plan provisions cited below.

LOD Benefits

Your LOD application was received on March 29, 2021 and was based on orthopedic impairments. With your applications, your representative submitted a letter summarizing your impairments and 196 pages of medical records, including diagnostic imaging studies, Club records, NFL neuropsychological consultation reports from Dr. Thomas Hardey, neurological progress notes from Dr. Alan Martin, a neuropsychological report and notes from Dr. Erin Reynolds, neurology treatment notes from Dr. Jessica Mason, and personal statements from you and your spouse. You then attended an examination with Plan neutral orthopedist Dr. Paul Saenz.

On August 4, 2021, the Committee considered your LOD application, the other materials in your file, and the report of Dr. Saenz.

Plan Section 5.1(c) states, in part, that to qualify for LOD benefits, at least one Plan Neutral Physician must find that you have a "substantial disablement" "arising out of League football activities." For orthopedic impairments, you have a substantial disablement if your impairments rate nine or more points using the Point System for Orthopedic Impairments (Plan Section 5.5(a)(4)(B); Appendix A). Dr. Saenz rated your impairments at six points under the Point System for Orthopedic Impairments.

JO-00927

Mr. Jamize Olawale
August 13, 2021
Page 2

Because no Plan physician reported that you have a substantial disablement, you do not meet the threshold eligibility requirement of Plan Section 5.1(b).

In addition, the Committee determined that the medical records you submitted with your application do not alone demonstrate that you have a substantial disablement within the meaning of the Plan, and those records were taken into consideration by Dr. Saenz when he calculated your points under the Point System. The Committee thus denied your application for LOD benefits.

T&P Benefits

Your T&P application was also received on March 29, 2021, and was based on orthopedic, psychiatric, neurological, and cognitive impairments. With your application, you referenced the same medical records submitted with your LOD and NC applications. You then attended examinations with four Plan Neutral Physicians: Dr. Saenz, Dr. Matthew Norman (psychiatrist), Dr. Eric Brahin (neurologist), and Dr. Justin O'Rourke (neuropsychologist).

By report dated June 24, 2021, Dr. Saenz determined that you are not totally and permanently disabled and that you can be employed in sedentary to light level demand work with certain restrictions and accommodations. By report dated May 26, 2021, Dr. Norman found that you are not totally and permanently disabled by your psychiatric impairments, noting that you can engage in any occupation without psychiatric restrictions or limitations. By report dated June 17, 2021, Dr. Brahin concluded that you are not totally and permanently disabled by your neurological impairments. By report dated June 17, 2021, Dr. O'Rourke reported that he is unable to determine whether you are totally and permanently disabled due to unreliable validity test results from neuropsychological testing.

On August 4 2021, the Committee reviewed your T&P application and the other materials in your file, including the reports from these Plan Neutral Physicians.

Plan Section 3.1(d) states that to qualify for T&P benefits at least one Plan Neutral Physician must find that you are totally and permanently disabled within the meaning of the Plan. Because these Neutral Physicians did not report that you are totally and permanently disabled, you do not meet the threshold eligibility requirement of Plan Section 3.1(d). The Committee thus denied your application for T&P benefits.

In making its decision, the Committee considered the medical records you submitted in support of your application, but determined that under Plan Section 3.1(d) the records alone do not support a finding of total and permanent disability.

JO-00928

Mr. Jamize Olawale

August 13, 2021

Page 3

Furthermore, these medical records were taken into consideration by Drs. Saenz, Norman, Brahlin, and O'Rourke when they independently determined that you are not totally and permanently disabled and are capable of employment.

Plan Section 3.2(a) states that you may be eligible for T&P benefits if you have been determined by the Social Security Administration to be eligible for disability benefits under either the Social Security disability insurance program or Supplemental Security Income program, and if you are still receiving such benefits when you apply for T&P. The Committee found that you do not meet this standard because you did not present evidence of a Social Security disability benefits award.

For these reasons, the Committee denied your application for T&P benefits.

NC Benefits

Your NC application was also received on March 29, 2021. With your applications, you referenced the same medical records submitted with your LOD and T&P applications. You then attended examinations with Drs. Brahlin and O'Rourke. By report dated June 17, 2021, Dr. Brahlin was unable to determine whether you have an acquired neurocognitive impairment due to your failed validity testing. By report dated June 17, 2021, Dr. O'Rourke was unable to make a determination regarding acquired neurocognitive impairment due to your unreliable validity test results. By joint report dated June 17, 2021, Drs. Brahlin and O'Rourke confirmed that they are unable to determine whether you show evidence of acquired neurocognitive impairment due to low scores on validity measures.

On August 4, 2021, the Committee considered your NC application and the other materials in your file, including the reports of these Plan Neutral Physicians.

Plan Section 6.2(e) states that a Player who fails two validity tests in his Plan neuropsychological exam will not be eligible for NC disability benefits. Because you failed the two validity tests, as well as embedded validity tests, you do not meet the threshold eligibility requirements of Plan Section 6.2(e). In addition, because of the failed validity tests, the Plan Neutral Physicians could not determine that you have a neurocognitive impairment. You therefore did not meet the requirements of Plan Section 6.1(e), which states that a Player will not be eligible for, and will not receive, NC benefits unless at least one Plan Neutral Physician finds evidence of acquired neurocognitive impairment. The Committee thus denied your application for NC benefits.

In making its decision, the Committee did not disagree with the statements in the medical records you submitted in support of your application.

JO-00929

Mr. Jamize Olawale
August 13, 2021
Page 4

The Committee, however, did not determine that these records support a finding of acquired neurocognitive impairment at this time. Furthermore, these records were taken into consideration by the Neutral Physicians when they independently made their conclusions regarding your neurocognitive impairment.

Appeal Rights

Enclosed with this letter is a copy of Plan Section 13.14, which governs your right to appeal the Committee's decisions. You may appeal the Committee's decisions to the Plan's Disability Board by filing a written request for review with the Disability Board at this office within 180 days of your receipt of this letter. You should also submit written comments, documents and any other information that you believe supports your appeal. The Disability Board will take into account all available information, regardless of whether that information was available or presented to the Committee.

This letter identifies the Plan provisions that the Committee relied upon in making its determinations. Please note that the Plan provisions discussed in this letter are set forth in the "Relevant Plan Provisions" attachment. These are excerpts, however. You should consult the Plan Document for a full recitation of the Plan's terms. The Committee did not rely on any other internal rules, guidelines, protocols, standards, or other similar criteria beyond the Plan provisions discussed herein.

You are entitled to receive, upon request and free of charge, reasonable access to, and copies of, all documents, records, and other information relevant to your claims for benefits, including the governing Plan Document, which can also be found at www.nflplayerbenefits.com. Please note that if the Disability Board reaches an adverse decision on review, you may then bring a civil action under Section 502(a) of the Employee Retirement Income Security Act of 1974, as amended, 29 U.S.C. § 1132(a).

JO-00930

DEM 05/13/2022

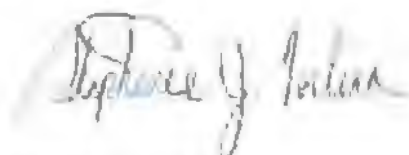
Mr. Jamize Olawale

August 13, 2021

Page 5

If you have any questions, please contact the NFL Player Benefits Office.

Sincerely,



Stephanie J Torlina

Benefits Coordinator

On behalf of the Committee

Enclosure

cc: Sam Katz

To receive assistance in these languages, please call:

SPANISH (Español): Para obtener asistencia en Español, llame al 855-938-0527 (ext. 1)

CHINESE (中文): 如果需要中文的帮助, ☐☐☐☐☐☐☐ 855-938-0527 (ext. 2)

TAGALOG (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 855-938-0527 (ext. 3)

NAVAJO (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijjigo holne' 800-638-3186 (ext. 416)

JO-00931

Relevant Plan Provisions

1.1 “Active Player” means a Player who is obligated to perform football playing services under a contract with an Employer; provided, however, that for purposes of Article 3 only, Active Player will also include a Player who is no longer obligated to perform football playing services under a contract with an Employer up until the July 31 next following or coincident with the expiration or termination of his last contract.

* * * *

3.1 General Standard for Eligibility. An Article 3 Eligible Player will receive monthly Plan total and permanent disability benefits (“Plan T&P benefits”) in the amount described in Section 3.6, for the months described in Sections 3.10 and 3.11, if and only if all of the conditions in (a) through (f) below are met:

(a) The Player’s application is received by the Plan on or after January 1, 2015 and results in an award of Plan T&P benefits.

(b) The Player is not receiving monthly retirement benefits under Article 4 or Article 4A of the Bert Bell/Pete Rozelle Plan.

(c) The Player submits Medical Records with his initial application or appeal, as the case may be, subject to the rules of Section 3.3.

(d) At least one Plan Neutral Physician must find, under the standard of Section 3.1(e), that (1) the Player has become totally disabled to the extent that he is substantially unable to engage in any occupation or employment for remuneration or profit, excluding any disability suffered while in the military service of any country, and (2) such condition is permanent. If no Plan Neutral Physician renders such a conclusion, then this threshold requirement is not satisfied, and the Player will not be eligible for and will not receive Plan T&P benefits, regardless of any other fact(s), statement(s), or determination(s), by any other person or entity, contained in the administrative record.

(e) After reviewing the report(s) of the Plan Neutral Physician(s), along with all other facts and circumstances in the administrative record, the Disability Initial Claims Committee or the Disability Board, as the case may be, must conclude, in its absolute discretion, that (1) the Player has become totally disabled to the extent that he is substantially prevented from or substantially unable to engage in any occupation or employment for remuneration or profit, but expressly excluding any disability suffered while in the military service of any country, and (2) that such condition is permanent. The following rules will apply:

(1) The educational level and prior training of a Player will not be considered in determining whether such Player is “unable to engage in any occupation or employment for remuneration or profit.”

(2) A Player will not be considered to be able to engage in any occupation or employment for remuneration or profit within the meaning of this Section 3.1 merely because such person is employed by the League or an Employer, manages personal or family investments, is employed by or associated with a charitable organization, is employed out of benevolence, or receives up to \$30,000 per year in earned income.

(3) A disability will be deemed to be “permanent” if it has persisted or is expected to persist for at least twelve months from the date of its occurrence, excluding any reasonably possible recovery period.

(f) The Player satisfies all other applicable requirements of this Article 3.

* * * *

3.3 Application Rules and Procedures. In addition to the requirements of Article 7 and Section 13.14 (claims procedures), Players must comply with the rules and procedures of this Section 3.3 in connection with an application for Plan T&P benefits.

(a) Medical Records and Evaluations.

A Player applying for Plan T&P benefits under the General Standard of Section 3.1 on and after October 1, 2020 must submit Medical Records with his application. A Player who does not do so will be given 45 days to submit Medical Records and thereby complete his application. The Player’s application will not be complete, and will not be processed, until the Plan receives Medical Records. The Player’s application will be denied if he does not submit any Medical Records within the 45 day period. If such a Player’s application is denied by the Disability Initial Claims Committee because the Player failed or refused to submit Medical Records, and the Player appeals that determination, he must submit Medical Record with his appeal. A Player who does not do so will be given 45 days to submit Medical Records and thereby complete his appeal. The Player’s appeal will not be complete, and will not be processed, until the Plan receives Medical Records. Any such Player in this situation who does not submit any Medical Records within the 45 day period will not be entitled to Plan T&P benefits, and his appeal will be denied. This paragraph does not apply to applications received prior to October 1, 2020.

Whenever the Disability Initial Claims Committee or the Disability Board reviews the application or appeal of any Player for Plan T&P benefits under Section 3.1 or Section 3.2, such Player may first be required to submit to an examination scheduled by the Plan with a Neutral Physician or physicians, or institution or institutions, or other medical professional or professionals, selected by the Disability Initial Claims Committee or the Disability Board and may be required to submit to such further examinations scheduled by the Plan as, in the opinion of the Disability Initial Claims Committee or the Disability Board, are necessary to make an adequate determination respecting his physical or mental condition.

Any Player refusing to submit to any examination required by the Plan will not be entitled to Plan T&P benefits. If a Player fails to attend an examination scheduled by the Plan, his application for Plan T&P benefits will be denied, unless the Player provided at least two business days' advance notice to the Plan that he was unable to attend. The Plan will reschedule the Player's exam if two business days' advance notice is provided. The Player's application for Plan T&P benefits will be denied if he fails to attend the rescheduled exam, even if advance notice is provided. The Disability Initial Claims Committee or the Disability Board, as applicable, may waive a failure to attend if they find that circumstances beyond the Player's control precluded the Player's attendance at the examination.

A Player or his representative may submit to the Plan additional Medical Records or other materials for consideration by a Neutral Physician, institution, or medical professional, except that any such materials received by the Plan less than 10 days prior to the date of the examination, other than radiographic tests, will not be considered by a Neutral Physician, institution, or medical professional.

* * * *

5.1 Eligibility. Effective January 1, 2015, a Player will receive monthly line-of-duty disability benefits from this Plan in the amount described in Section 5.2 if and only if all of the conditions in (a) through (f) below are met:

- (a) The Player is not an Active Player.
- (b) The Player submits Medical Records with his initial application or appeal, as the case may be, subject to the rules of Section 5.4(b).
- (c) At least one Plan Neutral Physician must find that the Player incurred a "substantial disablement" (as defined in Section 5.5(a) and (b)) "arising out of League football activities" (as defined in Section 5.5(c)). If no Plan Neutral Physician renders such a conclusion, then this threshold requirement is not satisfied, and the Player will not be eligible for and will not receive line-of-duty disability benefits, regardless of any other fact(s), statement(s), or determination(s), by any other person or entity, contained in the administrative record.
- (d) After reviewing the report(s) of the Plan Neutral Physician(s), along with all other facts and circumstances in the administrative record, the Disability Initial Claims Committee or the Disability Board, as the case may be, must conclude, in its absolute discretion, that the Player incurred a "substantial disablement" (as defined in Section 5.5(a) and (b)) "arising out of League football activities" (as defined in Section 5.5(c)).
- (e) The Player satisfies the other requirements of this Article 5 or Article 6 of the Bert Bell/Pete Rozelle Plan, as appropriate.
- (f) The Player is not receiving line-of-duty disability benefits from the Bert Bell/Pete Rozelle Plan pursuant to Article 6 of that plan.

* * * *

5.5 Definitions.

(a) With respect to applications received on and after April 1, 2020, a ‘substantial disablement’ is a ‘permanent’ disability other than a neurocognitive, brain-related neurological (excluding nerve damage), or psychiatric impairment that:

- (1) Results in a 50% or greater loss of speech or sight; or
- (2) Results in a 55% or greater loss of hearing; or
- (3) Is the primary or contributory cause of the surgical removal or major functional impairment of a vital bodily organ or part of the central nervous system; or
- (4) For orthopedic impairments,

(A) With respect to applications received before April 1, 2020, is rated at least 10 points, using the Point System set forth in Appendix A, Version 2 to this Plan. Surgeries, injuries, treatments, and medical procedures that occur after a Player’s application deadline in Section 5.4(a) will not receive points and will be disregarded by the Committee and Board.

(B) With respect to applications received on and after April 1, 2020, is rated at least 9 points, using the Point System set forth in Appendix A, Version 2 to this Plan. Surgeries, injuries, treatments, and medical procedures that occur after a Player’s application deadline in Section 5.4(a) will not receive points and will be disregarded by the Committee and Board.

(b) A disability will be deemed to be “permanent” if it has persisted or is expected to persist for at least twelve months from the date of its occurrence, excluding any reasonably possible recovery period.

(c) “Arising out of League football activities” means a disablement arising out of any League pre-season, regular-season, or post-season game, or any combination thereof, or out of League football activity supervised by an Employer, including all required or directed activities. “Arising out of League football activities” does not include, without limitation, any disablement resulting from other employment, or athletic activity for recreational purposes, nor does it include a disablement that would not qualify for benefits but for an injury (or injuries) or illness that arises out of other than League football activities.

* * * *

The introduction to **Appendix A, Version 2** provides this overview of the **Point System** referenced in Section 5.5(a)(4)(B):

This Point System for Orthopedic Impairments ("Point System") is used to determine whether a Player has a "substantial disablement" within the meaning of Plan Section 5.5(a)(4)(B). The Point System assigns points to each orthopedic impairment recognized under the Plan. A Player is awarded the indicated number of points for each occurrence of each listed orthopedic impairment, but only where the Player's orthopedic impairment arose out of League football activities, and the impairment has persisted or is expected to persist for at least 12 months from the date of its occurrence, excluding any reasonably possible recovery period.

A Player is awarded points only if his orthopedic impairment is documented according to the following rules:

1. A Player is awarded points for documented surgeries, injuries, and degenerative joint disease only if they are related to League football activities.
2. A Player is awarded points for a surgical procedure if the record includes an operative report for the qualifying procedure or if NFL Club records document the procedure. Surgical procedures reported through third party evaluations, such as independent medical examinations for workers' compensation, should not be used unless corroborating evidence is available to confirm the procedure and its relationship to League football activities.
3. Points are awarded for symptomatic soft tissue injuries where the injury is documented and there are appropriate, consistent clinical findings that are symptomatic on the day of exam. For example, AC joint injuries must be documented in medical records and be symptomatic on examination, with appropriate physical findings, to award points.
4. If an injury or surgery is not listed in the Point System, no points should be awarded.
5. Medical records, medical history, and the physical examination must correlate before points can be awarded.
6. If a lateral clavicle resection is given points, additional points cannot be awarded if the AC joint is still symptomatic, such as with AC joint inflammation or shoulder instability.
7. Moderate or greater degenerative changes must be seen on x-ray to award points (i.e., MRI findings do not count).
8. Players must have moderate or greater loss of function that significantly impacts activities of daily living, or ADLs, to get points.

9. Cervical and lumbosacral spine injuries must have a documented relationship to League football activities, with appropriate x-ray findings, MRI findings, and/or EMG findings to be rated.

10. In cases where an injury is treated surgically, points are awarded for the surgical treatment/repair only, and not the injury preceding the surgical treatment/repair. For example, a Player may receive points for “S/P Pectoralis Major Tendon Repair,” and if so he will not receive additional points for the “Pectoralis Major Tendon Tear” that led to the surgery.

11. As indicated in the Point System Impairment Tables, some injuries must be symptomatic on examination to merit an award of points under the Point System.

12. To award points for a subsequent procedure on the same joint/body part, the Player must recover from the first procedure and a new injury must occur to warrant the subsequent procedure. Otherwise, a revise/redo of a failed procedure would be the appropriate impairment rating.

13. Hardware removal is not considered a revise/redo of a failed surgery, and points are not awarded for hardware removal.

14. Multiple impairment ratings may be given related to a procedure on the same date, i.e., partial lateral meniscectomy and microfracture or chondral resurfacing.

15. When an ankle ORIF with soft tissue occurs, there should be no additional points for syndesmosis repair or deltoid ligament repair.

Appendix A, Version 2 then includes comprehensive “Point System Impairment Tables,” which assign Point System values to each orthopedic impairment recognized under the Plan. Your total “points” are the sum of those assigned for your recognized orthopedic impairments.

The Point System for Orthopedic Impairments is online at nflplayerbenefits.com. The NFL Player Benefits Office will furnish a full copy of it upon your request.

* * * *

6.1 Eligibility. For applications received before April 1, 2020, a Player will receive a monthly neurocognitive disability benefit (“NC Benefit”) in the amount described in Section 6.4 for the months described in Section 6.6 if and only if all of the conditions in (a), (b), (c), (d), (e), (f), (g), (h), and (i) below are met.

Effective for applications received on and after April 1, 2020 and through March 31, 2021, the requirements of (a) and (b) will not apply, and a Player will receive an NC Benefit in the amount described in Section 6.4 for the months described in Section 6.6 if and only if all of the conditions in (c), (d), (e), (f), (g), (h), (i), (j), and (m) below are met.

Effective for applications received on and after April 1, 2021, the requirements of (a) and (b) will not apply, and a Player will receive an NC Benefit in the amount described in Section 6.4 for the months described in Section 6.6 if and only if all of the conditions in (c), (d), (e), (f), (g), (h), (i), (j), (k), (l), and (m) below are met.

(a) The Player must be a Vested Inactive Player based on his Credited Seasons only, and must be under age 55.

(b) The Player must have at least one Credited Season under the Bert Bell/Pete Rozelle Plan after 1994.

(c) The Player must not receive monthly retirement benefits under Articles 4 or 4A of the Bert Bell/Pete Rozelle Plan or be a Pension Expansion Player within the meaning of the Bert Bell/Pete Rozelle Plan.

(d) The Player must not be receiving T&P benefits under this Plan or the Bert Bell/Pete Rozelle Plan.

(e) At least one Plan Neutral Physician must find that the Player has a mild or moderate neurocognitive impairment in accordance with Section 6.2. If no Plan Neutral Physician renders such a conclusion, then this threshold requirement is not satisfied, and the Player will not be eligible for and will not receive NC Benefits, regardless of any other fact(s), statement(s), or determination(s), by any other person or entity, contained in the administrative record.

(f) After reviewing the report(s) of the Plan Neutral Physician(s), along with all other facts and circumstances in the administrative record, the Disability Initial Claims Committee or the Disability Board, as the case may be, must conclude, in its absolute discretion, that the Player has a mild or moderate neurocognitive impairment in accordance with Section 6.2.

(g) The Player must execute the release described in Section 6.3.

(h) The Player must not have a pending application for T&P benefits or for line-of-duty disability benefits under this Plan or the Bert Bell/Pete Rozelle Plan, except that a Player can file a claim for the NC Benefit simultaneously with either or both of those benefits.

(i) The Player must satisfy the other requirements of this Article 6.

(j) The Player must not have previously received the NC Benefit and had those benefits terminate at age 55 before April 1, 2020 by virtue of earlier versions of this Plan.

(k) If the Player is not a Vested Inactive Player, his application for the NC Benefit must be received by the Plan within eighty-four (84) months after the end of his last contract with a

Club under which he is a Player, as defined under Section 1.35 of the Bert Bell/Pete Rozelle Plan, for at least one Game, as defined under Section 1.17 of the Bert Bell/Pete Rozelle Plan.

(l) The Player must be under age 65.

(m) For applications received on and after October 1, 2020, the Player must submit Medical Records with his initial application or appeal, as the case may be, subject to the rules of Section 6.2(d). This paragraph (m) does not apply to applications received prior to October 1, 2020.

* * * *

6.2 Determination of Neurocognitive Impairment.

(a) Mild Impairment. A Player eligible for benefits under this Article 6 will be deemed to have a mild neurocognitive impairment if he has a mild objective impairment in one or more domains of neurocognitive functioning which reflect acquired brain dysfunction, but not severe enough to interfere with his ability to independently perform complex activities of daily living or to engage in any occupation for remuneration or profit.

(b) Moderate Impairment. A Player eligible for benefits under this Article 6 will be deemed to have a moderate neurocognitive impairment if he has a mild-moderate objective impairment in two or more domains of neurocognitive functioning which reflect acquired brain dysfunction and which may require use of compensatory strategies and/or accommodations in order to independently perform complex activities of daily living or to engage in any occupation for remuneration or profit.

(d) Medical Records and Evaluations.

A Player applying for NC Benefits on and after October 1, 2020 must submit Medical Records with his application. A Player who does not do so will be given 45 days to submit Medical Records and thereby complete his application. The Player's application will not be complete, and will not be processed, until the Plan receives Medical Records. The Player's application will be denied if he does not submit any Medical Records within the 45 day period. If such a Player's application is denied by the Disability Initial Claims Committee because the Player failed or refused to submit Medical Records, and the Player appeals that determination, he must submit Medical Record with his appeal. A Player who does not do so will be given 45 days to submit Medical Records and thereby complete his appeal. The Player's appeal will not be complete, and will not be processed, until the Plan receives Medical Records.

Any such Player in this situation who does not submit any Medical Records within the 45 day period will not be entitled to NC Benefits, and his appeal will be denied.

Whenever the Disability Initial Claims Committee or Disability Board reviews the application or appeal of any Player for NC Benefits, such Player will first be required to submit to an examination scheduled by the Plan with a Neutral Physician, or any other physician or

physicians, institution or institutions, or other medical professional or professionals, selected by the Disability Initial Claims Committee or the Disability Board, and may be required to submit to such further examinations scheduled by the Plan as, in the opinion of the Disability Initial Claims Committee or the Disability Board, are necessary to make an adequate determination respecting his physical or mental condition.

Any Player refusing to submit to any examination required by the Plan will not be entitled to NC Benefits. If a Player fails to attend an examination scheduled by the Plan, his application for NC Benefits will be denied, unless the Player provided at least two business days' advance notice to the Plan that he was unable to attend. The Plan will reschedule the Player's exam if two business days' advance notice is provided. The Player's application for NC Benefits will be denied if he fails to attend the rescheduled exam, even if advance notice is provided. The Disability Initial Claims Committee or the Disability Board, as applicable, may waive a failure to attend if they find that circumstances beyond the Player's control precluded the Player's attendance at the examination.

A Player or his representative may submit to the Plan additional medical records or other materials for consideration by a Neutral Physician, institution, or medical professional, except that any such materials received by the Plan less than 10 days prior to the date of the examination, other than radiographic tests, will not be considered by a Neutral Physician, institution, or medical professional.

(e) Validity Testing. A Player who is otherwise eligible for benefits under this Article 6 and who is referred for neuropsychological testing will undergo, among other testing, two validity tests. A Player who fails both validity tests will not be eligible for the NC Benefit. A Player who fails one validity test may be eligible for the NC Benefit, but only if the neuropsychologist provides an explanation satisfactory to the Disability Board or the Disability Initial Claims Committee (as applicable) for why the Player should receive the NC Benefit despite the failed validity test.

* * * *

13.14 Claims Procedure. It is intended that the claims procedure of this Plan be administered in accordance with the claims procedure regulations of the U.S. Department of Labor, 29 C.F.R. § 2560.503-1.

(a) Disability Claims. Except for Article 4 T&P benefits, each person must claim any disability benefits to which he believes he is entitled under this Plan by filing a written application with the Disability Board in accordance with the claims filing procedures established by the Disability Board, and such claimant must take such actions as the Disability Board or the Disability Initial Claims Committee may require. The Disability Board or the Disability Initial Claims Committee will notify such claimants when additional information is required. The time periods

for decisions of the Disability Initial Claims Committee and the Disability Board in making an initial determination may be extended with the consent of the claimant.

A claimant's representative may act on behalf of a claimant in pursuing a claim for disability benefits or appeal of an adverse disability benefit determination only after the claimant submits to the Plan a signed written authorization identifying the representative by name. The Disability Board will not recognize a claimant's representative who has been convicted of, or pled guilty or no contest to, a felony.

If a claim for disability benefits is wholly or partially denied, the Disability Initial Claims Committee will give the claimant notice of its adverse determination within a reasonable time, but not later than 45 days after receipt of the claim. This determination period may be extended twice by 30 days if, prior to the expiration of the period, the Disability Initial Claims Committee determines that such an extension is necessary due to matters beyond the control of the Plan and notifies the claimant of the circumstances requiring the extension of time and the date by which the Disability Initial Claims Committee expects to render a decision. If any extension is necessary, the notice of extension will specifically explain the standards on which entitlement to a benefit is based, the unresolved issues that prevent a decision on the claim, and the additional information needed to resolve those issues. The claimant will be afforded at least 45 days within which to provide the specified information. If the Disability Initial Claims Committee fails to notify the claimant of its decision to grant or deny such claim within the time specified by this paragraph, the claimant may deem such claim to have been denied by the Disability Initial Claims Committee and the review procedures described below will become available to the claimant.

The notice of an adverse determination will be written in a manner calculated to be understood by the claimant, will follow the rules of 29 C.F.R. § 2560.503-1(o) for culturally and linguistically appropriate notices, and will set forth the following:

- (1) the specific reason(s) for the adverse determination;
- (2) reference to the specific Plan provisions on which the adverse determination is based;
- (3) a description of additional material or information, if any, needed to perfect the claim and the reasons such material or information is necessary;
- (4) a description of the Plan's claims review procedures and the time limits applicable to such procedures, including a statement of the claimant's right to bring a civil action under ERISA section 502(a) following an adverse determination on review;
- (5) any internal rule, guideline, protocol, or other similar criterion relied on in making the determination (or state that such rules, guidelines, protocols, standards, or other similar criteria do not exist);

(6) if the determination was based on a scientific or clinical exclusion or limit, an explanation of the scientific or clinical judgment for the determination, applying the terms of the Plan to the claimant's circumstances (or state that such explanation is available free of charge upon request);

(7) a discussion of the decision, including an explanation of the basis for disagreeing with or not following the views of (a) medical professionals treating the claimant and vocational professionals who evaluated the claimant presented by the claimant, (b) medical or vocational experts whose advice was obtained on behalf of the Plan in connection with the claimant's adverse benefit determination, without regard to whether the advice was relied upon in making the benefit determination, or (c) Social Security Administration disability determinations presented by the claimant to the Plan; and

(8) a statement that the claimant is entitled to receive, upon request and free of charge, reasonable access to, and copies of, all documents, records, and other information relevant to the claim for benefits.

The claimant will have 180 days from the receipt of an adverse determination to file a written request for review of the initial decision to the Disability Board.

The claimant will have the opportunity to submit written comments, documents, and other information in support of the request for review and will have access to relevant documents, records, and other information in his administrative record. The Disability Board's review of the adverse determination will take into account all available information, regardless of whether that information was presented or available to the Disability Initial Claims Committee. The Disability Board will accord no deference to the determination of the Disability Initial Claims Committee.

On review, the claimant must present all issues, arguments, or evidence supporting the claim for benefits. Failure to do so will preclude the claimant from raising those issues, arguments, or evidence in any subsequent administrative or judicial proceedings.

If a claim involves a medical judgment question, the health care professional who is consulted on review will not be the individual who was consulted during the initial determination or his subordinate, if applicable.

Upon request, the Disability Board will provide for the identification of the medical experts whose advice was obtained on behalf of the Plan in connection with the adverse determination, without regard to whether the advice was relied upon in making the benefit determination.

The claimant will receive, free of charge, any new or additional evidence considered, relied upon, or generated by or on behalf of the Plan on review, as soon as possible and sufficiently in advance of the date on which the notice of adverse benefit determination on

review is required to be provided, so that the claimant can have a reasonable opportunity to respond prior to that date. The claimant also will receive, free of charge, any new or additional rationale for the denial of the claim that arises during the review, as soon as possible and sufficiently in advance of the date on which the notice of adverse benefit determination on review is required to be provided, so that the claimant can have a reasonable opportunity to respond prior to that date.

The Disability Board meets quarterly. Decisions by the Disability Board on review will be made no later than the date of the Disability Board meeting that immediately follows the Plan's receipt of the claimant's request for review, unless the request for review is received by the Plan within 30 days preceding the date of such meeting. In such case, the Disability Board's decision may be made by no later than the second meeting of the Disability Board following the Plan's receipt of the request for review. If a claimant submits a response to new or additional evidence considered, relied upon, or generated by the Plan on review, or to any new or additional rationale for denial that arises during review, and that response is received by the Plan within 30 days preceding the meeting at which the Disability Board will consider the claimant's request for review, then the Disability Board's decision may be made by no later than the second meeting of the Disability Board following the Plan's receipt of the claimant's response. If special circumstances require an extension of time for processing, the Disability Board will notify the claimant in writing of the extension, describing the special circumstances and the date as of which the determination will be made, prior to the commencement of the extension.

The claimant will be notified of the results of the review not later than five days after the determination.

If the claim is denied in whole or in part on review, the notice of an adverse determination will be written in a manner calculated to be understood by the claimant, will follow the rules of 29 C.F.R. § 2560.503-1(o) for culturally and linguistically appropriate notices, and will:

- (1) state the specific reason(s) for the adverse determination;
- (2) reference the specific Plan provision(s) on which the adverse determination is based;
- (3) state that the claimant is entitled to receive, upon request and free of charge, reasonable access to, and copies of, all documents, records, and other information relevant to the claim for benefits;
- (4) state that the claimant has the right to bring an action under ERISA section 502(a) and identify the statute of limitations applicable to such action, including the calendar date on which the limitations period expires;

(5) disclose any internal rule, guidelines, or protocol relied on in making the determination (or state that such rules, guidelines, protocols, standards, or other similar criteria do not exist);

(6) if the determination was based on a scientific or clinical exclusion or limit, contain an explanation of the scientific or clinical judgment for the determination, applying the terms of the Plan to the claimant's circumstances (or state that such explanation is available free of charge upon request); and

(7) discuss the decision, including an explanation of the basis for disagreeing with or not following the views of (a) medical professionals treating the claimant and vocational professionals who evaluated the claimant presented by the claimant, (b) medical or vocational experts whose advice was obtained on behalf of the Plan in connection with the claimant's adverse benefit determination, without regard to whether the advice was relied upon in making the benefit determination, or (c) Social Security Administration disability determinations presented by the claimant to the Plan.

A claimant may request a written explanation of any alleged violation of these claims procedures. Any such request should be submitted to the plan in writing; it must state with specificity the alleged procedural violations at issue; and it must be received by the Plan no more than 45 days following the claimant's receipt of a decision on the pending application or appeal, as applicable. The Plan will provide an explanation within 10 days of the request.

DBM: 5/13/2022

Meghan Pieklo

From: Sam Vincent
Sent: Tuesday, February 8, 2022 1:33 PM
To: Meghan Pieklo
Subject: FW: New Appeal Added

Jamize Olawale Appeal is in disability folder for you.

From: Zeljana Koretic
Sent: Tuesday, February 08, 2022 1:24 PM
To: Disability Group
Cc: Elton Banks
Subject: New Appeal Added

Hello,

A new appeal has been added to the disability folder.

Thank you!

Zeljana Koretic Administrative Assistant
Phone/Fax 800.638.3186 ex.432 Fax 410.783.0041



NFL PLAYER BENEFITS

NFL Player Benefits Office
200 St. Paul Street, Suite 2420, Baltimore, Maryland 21202

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February 3, 2022

RECEIVED

FEB 07 2022

NFL PLAYER BENEFITS

NFL DISABILITY BOARD
NFL Player Disability & Neurocognitive Benefit Plan
200 Saint Paul St., Ste. 2420
Baltimore, MD 21202

Re: JAMIZE OLAWALE'S APPEAL FOR T & P, LOD, AND NC DISABILITY BENEFITS

Dear ERISA Administrator:

Mr. Jamize Olawale respectfully appeals¹ the NFL Disability Initial Claims Committee's (the "Committee") decision to deny his Total & Permanent ("T & P"), Line of Duty ("LOD") and Neurocognitive ("NC") disability benefits under the NFL Player Disability & Neurocognitive Benefit Plan ("the Plan"). Jamize deserves T & P benefits because he is "**disabled secondary to his osteoarthritis**" and is suffering from the cumulative effect of his T & P disability(ies) to his spine, brain, knees, ankles, shoulders, feet, hands, and mind, is precisely the type of applicant the Board is obligated to protect under the specific terms of the Plan. Exhibit 22 to T & P Application (emphasis added). Because the Committee relied on Dr. Saenz, Dr. Brahin, Dr. O'Rourke, and Dr. Norman's assessments, in which they failed to provide any specific job that Jamize is capable of performing that would, in fact, accommodate the plethora of substantially work disabling impairments he suffers, including but not limited to bilateral knee and ankle "Degenerative Joint Disease" with left knee and right ankle "Moderate or Greater", "chronic 'day-to-day' lower back pain", "abnormal cognitive profile" with 24 of 30 on the MoCA, "anger issues" and "physical

¹ Dimry v. Bert Bell/Pete Rozelle NFL Player Retirement Plan, et al., No. 20-17049 (9th Cir. Aug. 10, 2021) (fiduciary must give "full and fair review" of decision denying claim).

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altercations”, speech issues, depression, anxiety, trouble concentrating, remembering, and understanding instructions, headaches, tremors, photophobia, memory loss, and decreased visual-spatial abilities, and substantially limiting his ability to engage in most everyday life activities without pain, such as sitting, standing, walking, remembering, concentrating, following instructions, doing chores and childcare, travelling, and shopping, the Committee lacked substantial evidence to justify the denial of Jamize’s T & P benefits. Thus, Jamize respectfully requests this appeal of the Committee’s decision to deny his T & P benefits. Moreover, Mr. Jamize Olawale qualifies for LOD benefits because his physical impairments demonstrate at least 9 points arising out of League football activities.

STATEMENT OF FACTS

Jamize, whose treating doctor found him “**disabled secondary to his osteoarthritis**” is substantially unable and substantially prevented from engaging in any occupation due to the overall effect on his body, brain, and mind from disabling mental and physical disability(ies). Exhibit 22 to T & P Application (emphasis added). His medical records, including team medical records, records from his treating physician, and NFL-hired doctors’ reports, provide more detail about the extent of his injuries and substantial impairments, his resulting symptoms, and his substantial limitations today. *See Player File*.

1. NFL Board-Hired Doctors Concur that Jamize Has Substantial Work Impairment(s)

Further, the NFL Board-hired orthopedist, neurologist, neuropsychologist, and psychiatrist who examined Jamize in May and June 2021 confirmed his substantial impairment(s). *See Player File; Dr. Saenz Report; Dr. Brahlin Report; Dr. O’Rourke Report; Dr. Norman Report*. Dr. Saenz, Dr. Brahlin, Dr. O’Rourke, and Dr. Norman repeatedly noted the numerous physical and mental

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challenges that Jamize now faces on a day-to-day basis since his football career ended. *Id.*

Physically, Jamize's challenges that cumulatively span his entire body include:

- **Bilateral knee “Degenerative Joint Disease” with left knee “Moderate or Greater”.**
 - “[C]hronic knee pain aggravated by prolonged standing, walking and squatting. Moderate medial medial compartment and marked patellofemoral compartment joint space narrowing noted radiographically. Documented injury”.
 - “[B]oth knees ‘hurt,’ and this discomfort is aggravated with prolonged standing, walking, or squatting. States that both knees make a ‘cracking’ noise. [...] his knees feel as though they may ‘give out’ when in a flexed and loaded position.”
 - “[D]ifficulty walking due to pain in his low back, feet, and ankles.”
- **Bilateral ankle “Degenerative Joint Disease” with right ankle “Moderate Or Greater”.**
 - “[C]hronic ankle pain and stiffness aggravated by prolonged standing and walking.
 - “[A]nkle swelling with moderate tibio-talar joint space narrowing and heterotopic bone formation of distal syndesmosis. Documented injury”.
 - “[B]ilateral ankle discomfort aggravated after periods of prolonged standing or walking.
 - “[D]ifficulty walking due to pain in his low back, feet, and ankles.”
- **“[C]hronic ‘day-to-day’ lower back pain, aggravated by prolonged sitting, walking, standing, or laying down. He states that when sitting, he requires frequent repositioning secondary to the discomfort.”**
 - “Chronic lumbar spondylolysis @ L5” with “radiation” and “numbness”.
 - “[His] knees and low back have been getting progressively worse (ESPECIALLY low back). [His] low back pain is there all the time.”
 - “[D]ifficulty walking due to pain in his low back, feet, and ankles.”
- “[B]ilateral turf-toe injuries” with “stiffness”, “arthritic changes”, and “numbness in his [...] feet”.
- Left hip “moderate joint space narrowing”.
- “Neck stiffness”.
- “[P]ostural and kinetic tremors in his hands for the last 2 years”.

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- He has “numbness and tingling” in his hands [and] fingers”.
- “Left arm is weaker than the right”.

Dr. Saenz Report (emphasis added); Dr. Brahlin Report; Dr. O’Rourke Report.

Mentally, his challenges include:

- “[He] struggle[s] with anger issues and bad mood swings where [he] will find [himself] very upset for no good reason.”
 - “Jamize has been involved in physical altercations with his wife. On one occasion his wife was scared, and the police were called, but Jamize was not detained. He admits that he has even been physical with his dog.”
 - “[T]wo episodes choking wife”
 - “Jamize was involved in a physical altercation with his father-in-law 2 years ago. In the past he has had an episode of road rage during which he got out of his car”.
- “Another point of concern for [him] is [his] speech. At times, [he] find[s] [himself] struggling to annunciate certain words and it is hard for [him] to hold a conversation with someone while speaking fluently.
- “[A]bnormal cognitive profile”. With Dr. Brahlin, “[h]e scored a 24/30 on the MoCA, a grade that is 2 points below normal.” With Dr. Norman, he also “obtained a score of twenty-four (24) out of a possible thirty (30) points, which was suggestive of **mild cognitive impairment**. Five points of his errors was related to delayed recall (0/5).”
- “Depression” and “[a]nxiety”. “As a result of his depressed mooda [sic], Mr. Olawale reported having thoughts of suicide or being better off dead”.
- He “forgets what he is saying when/if he is interrupted while speaking. He becomes distracted while reading and may need to reread the same paragraph numerous times. At times Jamize may not understand what people are telling him if they speak too quickly.”
- “[D]ecreased concentration”. “Jamize describes that he is easily distracted and not always able to get himself back on task. He becomes very frustrated when he cannot remember what he previously was doing.”
- “[H]eadaches” and “dizziness” that “make his day uncomfortable”. “Jamize began to have headaches when still playing in the NFL that have increased in frequency over time and are now daily occurrences. The headache pain is over his entire head and is described as a constant ‘humming’.”
- “[P]ostural and kinetic tremors in his hands for the last 2 years”.

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- “[P]hotophobia” that is “a daily and constant occurrence”.
- “Jamize thinks that he has been suffering from memory loss for the last 6 to 7 years. This initially began when he was unable to remember what team he had played the week prior. Jamize is now heavily dependent on checklists to help stay organized.”
- “Jamize's visual-spatial abilities have decreased over the years. Towards the end of his NFL career, he was dropping passes that he should have been able to catch.”

Dr. Brahlin Report (emphasis added); Dr. O'Rourke Report; Dr. Norman Report (emphasis added).

These substantial impairments and substantial difficulty performing everyday tasks and activities affect his life daily. In sum, Jamize's medical records demonstrate his substantial inability to find and maintain an occupation.

DISCUSSION

MR. JAMIZE OLAWALE DESERVES T & P DISABILITY BENEFITS BECAUSE HE IS SUBSTANTIALLY UNABLE AND SUBSTANTIALLY PREVENTED FROM ENGAGING IN ANY OCCUPATION AND THE DISABILITY INITIAL CLAIMS COMMITTEE LACKED SUBSTANTIAL EVIDENCE TO JUSTIFY JAMIZE'S INCORRECT DENIAL AS THE NFL BOARD-PAID PHYSICIANS TO WHICH THE COMMITTEE DEFAULTED FAILED TO SPECIFY ANY PARTICULAR JOB THAT JAMIZE CAN PERFORM OR THE DUTIES OF THOSE JOBS AND FAILED TO CONSIDER THE COMBINED OVERALL EFFECT OF ALL OF JAMIZE'S DISABILITY(IES), AND THE COMMITTEE DID NOT DISAGREE WITH JAMIZE'S MEDICAL RECORDS

Respectfully, the NFL Disability Board should act reasonably here, by granting Mr. Jamize Olawale the T & P disability benefits he desperately needs and deserves pursuant to the Plan's plain terms, as he is a former Player who is substantially unable and substantially prevented from engaging in any occupation from his combination of undisputed work disability(ies). Plan Art. 3 § 3.1. Eligibility; Brumm v. Bert Bell NFL Ret. Plan, 995 F.2d 1433 (8th Cir. 1993) (holding that NFL Board's decision to deny benefits was arbitrary and capricious because failed to consider Player may be T & P disabled from cumulative and overall effect of all disabilities).

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The goal of the ERISA regulated NFL Benefits Plan is “**to take care of eligible players as part of their compensation for investing themselves in sports ...**” (emphasis added) Brumm, 995 F.2d 1433, 1439 (8th Cir. 1993); *see* Employee Retirement Income Security Act (“ERISA”), 29 U.S.C. § 1001. An eligible player who satisfies the terms of the plan will receive T & P benefits. Plan Art. 3 § 3.1; Solomon v. Bert Bell/Pete Rozelle NFL Player Ret. Plan (4th Cir. 2017); Boyd v. Bert Bell/Pete Rozelle NFL Player Ret. Plan, 410 F.3d at 1175 (9th Cir. 2005). According to the plain language of the Plan, the Board has a duty to make its decision “with the care, skill, prudence, and diligence under the circumstances then prevailing that a prudent man *acting in a like capacity and familiar with such matters* would use in the conduct of an enterprise of *like character and with like aims*.” Plan Art. 9 § 9.8. Duty of Care (emphasis added); *see* 29 U.S.C. § 1104(a)(1)(B); Howard v. Shay, 100 F.3d 1484, 1488 (9th Cir.1996); *see* Varity Corp. v. Howe, 516 U.S. 489, 512 (1996).

Additionally, a fiduciary must present substantial evidence to justify a denial. Farrow v. Montgomery Ward Long Term Disability Plan, 176 Cal. App. 3d 648 (1986). In Farrow, the court affirmatively stated:

We further hold that in order to satisfy the substantial evidence test to support a denial of disability benefits, the plan administrators **cannot rely solely upon conclusory statements that a claimant can engage in ‘some’ work or perhaps ‘light’ or ‘sedentary’ work. The Plan must specify particular jobs which it contends the claimant can perform** or could reasonably become qualified to perform. Specification of such a job should be supported by a job description indicating that the job does not require exertion or skills beyond the capability of the claimant.

Farrow, 176 Cal. App. 3d 648 (emphasis added).

Furthermore, in Hall v. Secretary of Health, Ed. and Welfare, 602 F.2d 1372 (9th Cir. 1979), the United States Court of Appeals for the Ninth Circuit held that a general statement that

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a claimant can engage in “light” or “sedentary” work, without identification of *specific* jobs² which the claimant has the physical and mental ability to perform, **does not satisfy the substantial evidence test.** *Id.* at 1376-1377.

SUBSTANTIAL EVIDENCE TEST	Dr. Paul Saenz	Dr. Eric Brahlin	Dr. Justin O'Rourke	Dr. Matthew Norman
Relied On By NFL Disability Initial Claims Committee To Justify Denial?	Yes	Yes	Yes	Yes
Specified <i>Particular</i> Jobs That Claimant Can Perform Or Reasonably Become Qualified To Perform?	No	No ³	N/A ⁴	No
Is Specification of Such a Job Supported By a Job Description Indicating That The Job Does Not Require Exertion Or Skills Beyond The Capability Of The Claimant?	N/A	N/A	N/A	N/A
General Or Conclusory Statement?	Yes	Yes	Yes	Yes
Substantial Evidence To Justify Denial?	No	No	No	No

Table 1: Lack of Substantial Evidence.

First, the Committee relied on Dr. Saenz, Dr. Brahlin, Dr. O'Rourke, and Dr. Norman. *See Letter Denying T & P Benefits dated 8/13/2021.* Second, Dr. Saenz, Dr. Brahlin, Dr. O'Rourke, and Dr. Norman failed to specify any *particular* job that Jamize can perform or reasonably become

² “[A]ny occupation or employment” also does not include jobs that exist only hypothetically. *VanderKlok v. Provident Life and Accident Insurance Company*, 956 F.2d 610, 614-15 (6th Cir. 1992); *Kennard v. Means Indus., Inc.* No. 13-1911, slip op. at 5-6 (6th Cir. R. 28(f) filed Feb. 13, 2014); *see also Moore v. Bert Bell/Pete Rozelle NFL Ret. Plan*, 282 Fed. Appx. 599, 600 (9th Cir. 2008) (finding that in the absence of vocational testimony that there was, in fact, a *specific* job that Moore could perform, the Board’s decision was an unreasonable interpretation of the Plan’s terms).

³ Dr. Brahlin’s report states: “I am unable to determine whether Jamize has any neurocognitive impairment due to his failure of validity testing. Jamize does not have any neurological dysfunction that would prevent him from working for remuneration.” *Dr. Brahlin Report*.

⁴ Dr. O'Rourke’s report states: “Unable to determine due to invalid test performance.” *Dr. O'Rourke Report*.

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qualified to perform. See Dr. Saenz Report; Dr. Brahlin Report; Dr. O'Rourke Report; Dr. Norman Report.

Furthermore, similar to Hall, Dr. Saenz's general statement that "[g]iven his disabilities primarily involving the spine and lower extremities, he would be limited to job tasks within the sedentary-to-light level of physical demand with accommodations to avoid prolonged standing or walking avoid repetitive bending and twisting and to be allowed sitting breaks as necessary" without identifying any *specific* job that Jamize can engage in for any considerable occupation for remuneration or profit, amounts to a non-specific conclusory statement regarding Jamize given his facts. Dr. Saenz Report; Havens v. Continental Casualty, Co., 186 Fed. Appx. 207, 212-13 (3rd Cir. 2006) (determinations of claimants' functional capacity and a feasible occupation "must together be detailed enough to make rational comparison possible. Otherwise, the 'finding' that the claimant can perform alternate occupations consists only of a bald assertion").

In fact, Dr. Saenz refers to the fact that Jamize has work limitations, saying he is "limited to the sedentary-to-light level of physical demand", has "disabilities", and needs "accommodations", but he fails to identify any occupation compatible with these restrictions. Dr. Saenz Report. Moreover, in regards to reliance on Dr. Saenz's general statements, "in order to satisfy the substantial evidence test to support a denial of disability benefits, the [NFL] plan administrators cannot rely solely upon [the] conclusory statements" that Jamize can engage in "work with restrictions" or "any occupation". *Id.*; cf. Farrow, 176 Cal. App. 3d 648. Dr. Saenz's general statements fail to specify any specific employment Jamize can, in fact, engage in and, therefore, cannot be relied on as substantial evidence to justify Jamize's denial.

Moreover, Dr. Brahlin and Dr. Norman provided only general and conclusory statements that supposedly, "Jamize does not have any neurological dysfunction that would prevent him from

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working for remuneration” and supposedly he “can work currently from a psychiatric standpoint”, while Dr. O’Rourke failed to provide any statements regarding any specific job that Jamize can perform, simply saying that “The test results produced by Mr. Olawale today cannot be relied upon to determine if he meets NFLPBP criteria for Total & Permanent Disability.” Dr. Brahlin Report; Dr. Norman Report; Dr. O’Rourke Report; *see also e.g., Moore v. Bert Bell/Pete Rozelle NFL Ret. Plan*, 282 Fed. Appx. 599, 600-601 (9th Cir. 2008) (“not clear whether there is ‘any occupation or employment for remuneration or profit’ that Moore could perform.”). The NFL Disability Initial Claims Committee’s default to Dr. Saenz, Dr. Brahlin, Dr. O’Rourke, and Dr. Norman’s non-specific conclusory statements over the detailed findings that Jamize is T & P was incorrect, as no NFL Board hired physician’s report amounted to the substantial evidence required to justify Jamize’s denial – rather, it contradicts well-established precedent. Farrow, 176 Cal. App. 3d 648; Havens, 186 Fed. Appx. at pp. 212-13 (fiduciaries’ letters denying benefits must “connect [substantial medical evidence] to [the claimant’s] actual physical capacity”); Dunn v. Reed Group, Inc., et al., No. 08-cv-1632(FLW), 2009 WL 2848662, at *32 (D.N.J. Sept. 2, 2009) (a fiduciary is “obligated under ERISA to provide a well-reasoned explanation of its decision including which sedentary jobs [a claimant] is capable of working, with or without accommodations”).

1. Additionally and Alternatively, the Board Lacks Substantial Evidence to Justify a Denial of Jamize’s Appeal Because Jamize Is T & P Disabled from the Interrelated Overall Cumulative Effect of His Impairments from “Multiple Injuries”.

It is the Committee’s and Board’s responsibility to consider that Jamize is T & P disabled from the “**substantially work-limiting cumulative effect of all [his] conditions**”, including but not limited to “headaches, memory problems, left chronic vestibular hypofunction, speech problems, dizziness, fogginess, losing [his] train of thought, mood swings, sensitivity to light,

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depression, concussions and repetitive head trauma from football, cumulative trauma, and the cumulative effect of these impairments, in combination with “degenerative disease in both knees”, “severe patellofemoral chondromalacia”, “Left Knee Medial Collateral Ligament Tear”, left knee “laxity”, “degenerative disc disease” in my neck and back, a lumbar spine “disc bulge” and “annular fissure at L5-S1 and facet changes at L4-L5 and L5-S1”, “paresthesias in his feet”, “midline pain noted in the cervical spine”, “pain in [his] lower back [...] when [he has] to stand or walk for longer than 15 minutes” and “decreased tolerance to prolonged standing or walking”, pain when sitting or lying down, “degenerative disease in [...] his shoulders”, “LIMITED” ability to “[r]each[] all directions (including overhead)” with “pain in his shoulder”, right supraspinatus “Marked weakness”, right shoulder “inflammation” and “tender[ness]”, left shoulder “tender[ness]”, “weakness”, and “lack of strength”, bilateral ankle “DJD”, bilateral ankle tendon tears, his “ankles and calves hurt when [he] walk[s] or tr[ies] to run”, “arthrosis of the great toe MTP joint”, “pain [...] on the soles of [his] feet when [he has] to stand or walk for longer than 15 minutes”, he has “paresthesias in his feet”, “ligametrn [*sic*] laxity in collaterals at MCP”, and “gamekeeper’s thumb”. T & P Application; Exhibits 1-36 to T & P Application. An ERISA administrator’s decision to deny benefits is unreasonable if it fails to consider whether a person is T & P disabled from the cumulative, combined, and overall effect of all of his conditions. Brumm v. Bert Bell NFL Ret. Plan, 995 F.2d 1433 (8th Cir. 1993) (holding that NFL Board’s decision to deny benefits was arbitrary and capricious because impermissibly crossed the line between interpretation and amendment by failing to consider Player may be T & P disabled from “cumulative” and/or “overall impact” of all disability(ies)); *see* Mickell v. Bert Bell/Pete Rozelle NFL Player Ret. Plan, No. 19-10651 (11th Cir. 2020) (holding “**Board abused its discretion by failing to consider the combined effects of all of [applicant’s] impairments**”); Lacko v. United

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of Omaha Life Ins. Co., 926 F.3d 432, 446-47 (7th Cir. 2019) (holding dispositive of ERISA administrator's arbitrary and capricious denial was "fatal" failure of administrator to address and consider combination of all impairments); Torres v. UNUM Life Ins. Co. of Canada, 405 F.3d 670 (8th Cir. 2005) (explaining plan administrators must consider the effects of all impairments to make claim determinations); Green v. Sun Life Assur. Co. of Canada, 259 Fed. Appx. 42, 44 (9th Cir. 2007) (discussing within Plan's definition of totally disabled included **combination** of vertigo and orthopedic disability(ies)); *compare* Austin v. Continental Cas. Co., 216 F.Supp.2d 550, 558 (W.D.N.C.2002) (explaining "[i]t is consideration of the **full panoply of ailments and their combined impact on capacity for work that is important**, as appellate courts consistently have found [...]"] (emphasis added)) *with* Giles v. Bert Bell/Pete Rozelle NFL Player Ret. Plan ("Noting [in decision letter] that its decision was '[b]ased on the reports of [multiple NFL Board hired physicians],' the [NFL] Board determined: 'Mr. Giles has a combination of impairments...'. (emphasis added)) *and* Stewart v. Bert Bell/Pete Rozelle NFL Ret. Plan, WDQ-09-2612 (D. Md. Jul. 20, 2011) (explaining NFL Board sought NFL Board retained medical expert to determine "**the likely cumulative effect**", and accepting physicians response regarding whether "**cumulatively**, [...] [multiple] issues [c]ould [...] qualify him for total and permanent disability.") (emphasis added).

Moreover, an ERISA administrator's consideration of *only* the impact of impairments *in isolation* and failure to consider the "interrelated effects" and **combination** of all impairments⁵, including but not limited to the impact of medication, on a Player's substantial inability to engage

⁵ Like in Lacko, where the claimant "based her claims for [disability] benefits on the adverse combination of a number of impairments," here, Jamize also based his claim for T & P disability benefits on the cumulative effect and overall impact of his impairments. *See* T & P Application dated 7/22/20 (emphasis added).

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in any occupation cannot be based on substantial evidence, denies a claimant full and fair review, and is “*fatal* to the denial of [disability] benefits...”. Lacko, at 446-47; Mickell, No. 19-10651 (11th Cir. 2020); Guthrie v. Nat’l Rural Elec. Coop. Ass’n Long-Term Disability Plan, 509 F.3d 644, 652 (4th Cir. 2007) (holding “failure to consider [claimant’s] constellation of medical issues denied her a full and fair review, and consequently, its decision to deny benefits was not based on substantial evidence.”); Kalish v. Liberty Mut. Liberty Life Assur. Co. of Boston, 419 F.3d 501, 510 (6th Cir. 2005) (calling into question reliance on a physician’s report that ignores the “interrelated effects” of a plaintiff’s conditions, including depression, to deny benefits); Maiden v. Aetna Life Ins. Co., No. 3:14-CV-901, 2016 WL 81489, at *6-7 (N.D. Ind. Jan. 6, 2016) (“There are other problems with how Aetna went about its work here. Chief among them is Aetna’s *failure to consider the compound effect* of Maiden’s physical impairments and psychiatric issues, and its failure to do so was an arbitrary and capricious exercise of Aetna’s discretion.” (emphasis added)) and Nikola v. Grp. Life Assurance, Co., No. 03 C 8559, 2005 WL 1910905, at *9 (N.D. Ill. Aug. 5, 2005) (holding that “an administrator making a disability determination must make a reasoned assessment of **whether the total combination of a claimant’s impairments justify a disability finding, even if no single impairment standing alone** would warrant the conclusion.” (emphasis added)) with DuPerry v. Life Ins. Co. Of N. Am., 632 F.3d 860 (4th Cir. 2011) (requiring consideration of the **combined effect of all the problems** caused by claimant’s conditions, **not just a select few, even if certain conditions, in isolation, did not render claimant disabled**) and Ruggerio v. Fedex, No. Civ. A. 01-11809- RWZ, 2003 WL 21955024, at *3 (D.Mass. Aug.14, 2003) (overturning benefits denial due to lack of consideration of **combined effect of plaintiff’s problems**).

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Here, there is no evidence anywhere in the administrative record that indicates the Committee currently considered, addressed, acknowledged, discussed, and disagreed with the fact that Jamize is T & P disabled from the overall and interrelated T & P disabling effects of his overall combination of disabling conditions. T & P Application.

CUMULATIVE EFFECT OF ALL DISABILITY(IES) COMBINED	Dr. Paul Saenz	Dr. Eric Brahin	Dr. Justin O'Rourke	Dr. Matthew Norman	The Committee
Considered Work Disabling Effect Of <i>Combination</i> Of All Disability(ies)?	No ⁶	No	No	No	No

Further, Dr. Saenz, Dr. Brahin, Dr. O'Rourke, and Dr. Norman also failed to consider that Jamize is substantially unable and substantially prevented from engaging in any occupation due to the combination of all of his impairments, stating only that Jamize can perform "[j]ob tasks limited to the sedentary to light level of physical demand with accommodations to avoid prolonged standing and walking , repetitive bending and twisting and to allow sitting breaks as necessary." although he has "**disabilities**",⁷ that supposedly, "Jamize does not have any neurological dysfunction that would prevent him from working for remuneration" and "I am unable to determine whether Jamize has any neurocognitive impairment, that "[t]he test results produced by Mr. Olawale today cannot be relied upon to determine if he meets NFLPBP criteria for Total &

⁶ In fact, not only did Dr. Saenz fail to consider that Jamize is substantially unable and substantially prevented from engaging in any occupation due to the combination of all of his impairments, his report states "In the opinion of this examiner this claimant is not likely seeking Total and Permanent Disability on the basis of orthopedic impairments but more likely for the sequelae of multiple concussive episodes." Dr. Saenz Report (emphasis added).

⁷ See *supra* fn. 6.

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Permanent Disability”, or that he supposedly “can work currently from a psychiatric standpoint”.

Dr. Saenz Report (emphasis added); Dr. Brahlin Report; Dr. O’Rourke Report; Dr. Norman Report.

A full and fair review requires the Committee and the NFL Board to consider Jamize’s combined conditions as a whole, and not just in silo. It was unreasonable for the Committee and its paid experts to ignore and/or brush aside the interrelated effects of all of Jamize’s impairments combined, and instead view his substantial work disabling impairments as isolated from one another. Even if each impairment standing alone and measured in the abstract is not Totally Disabling (**which they are**), the combined and cumulative effect of all of Jamize’s disabilities certainly is. It was unreasonable for the Committee to employ compartmentalized evaluations of each of Jamize’s impairments, failing to consider how the cumulative and combined interrelated effect of all of his conditions working together have rendered him T & P.

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MOREOVER, MR. JAMIZE OLAWALE QUALIFIES FOR LOD BENEFITS BECAUSE HIS PHYSICAL IMPAIRMENTS DEMONSTRATE AT LEAST 9 POINTS ARISING OUT OF LEAGUE FOOTBALL ACTIVITIES

Summary of Physical Impairment(s)	Page(s)
Right Ankle: “posterior tibialis tendon tear”	16
Left Ankle: “posterior tibialis tendonitis”	17
Left Knee: “Degenerative Joint Disease - Moderate Or Greater”	18
Right Ankle: “Degenerative Joint Disease - Moderate Or Greater”	19
Right Shoulder: “Marked weakness to supraspinatus”	20
Right Shoulder: “inflammation”, “tender”	21
Left Shoulder: “tender”	22
Left Shoulder: “weakness”, “lack of strength”, “left arm is weaker than the right”	23
Left Ankle: “tear through the anterior distal tibiofibular syndesmotc ligament”	24
Left Knee: “laxity”, “Knee Medial Collateral Ligament Tear”	25
Left Ankle: “DJD”	26
Left Foot: “arthrosis of the great toe MTP joint”	27
Right Hand: “ligametrn [<i>sic</i>] laxity in collaterals at MCP”, “gamekeeper’s thumb”	28
Left Hip: “moderate joint space narrowing”	29
Spine: spine impairments from league football activities	30

DDM-0718/2022

JO-00961

DM-318-2022

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RIGHT ANKLE

<u>Ankle Impairment</u>	<u>Point Value</u>
Posterior Tibial Tendon Insufficiency	3

posterior tibialis tendon tear

EXHIBIT 32

ASSESSMENT: Strain, partial tear and inflammation in posterior tibialis tendon.

EXHIBIT 32

Right Ankle Posterior Tibialis Strain

EXHIBIT 32

DEM-07/8/2022

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LEFT ANKLE

<u>Ankle Impairment</u>	<u>Point Value</u>
Posterior Tibial Tendon Insufficiency	3

Posterior tibial tendonitis.

EXHIBIT 30

ASSESSMENT: Left ankle midfoot strain with left ankle inversion sprain.

EXHIBIT 30

Left ankle sprain

EXHIBIT 30

DBM - 5/18/2022

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LEFT KNEE

<u>Knee Impairment</u>	<u>Point Value</u>
Degenerative Joint Disease - Moderate Or Greater (i.e., significant loss of joint space as confirmed by clinical examination and x-ray)	3

Impairment	Occur.	Points	Cause	Comments
Degenerative Joint Disease - Moderate Or Greater (i.e., significant loss of joint space as confirmed by clinical examination and x-ray)	1	3	<input type="checkbox"/> Illness <input type="checkbox"/> Other- __ <input checked="" type="checkbox"/> NFL football <input type="checkbox"/> Unknown	Complaints of chronic knee pain aggravated by prolonged standing, walking and squatting. Moderate medial medial compartment and marked patellofemoral compartment joint space narrowing noted radiographically. Documented injury pps. 81,82,87.

Dr. Saenz Report

X-ray Left Knee (06/17/2021): There is moderate medial compartment joint space narrowing and marked patellofemoral joint space narrowing with

Dr. Saenz Report

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RIGHT ANKLE

<u>Ankle Impairment</u>	<u>Point Value</u>
Degenerative Joint Disease - Moderate Or Greater (i.e., significant loss of joint space as confirmed by clinical examination and x-ray)	3

Impairment	Occur.	Points	Cause	Comments
Degenerative Joint Disease - Moderate Or Greater (i.e., significant loss of joint space as confirmed by clinical examination and x-ray)	1	3	<input type="checkbox"/> Illness <input type="checkbox"/> Other- ____ <input checked="" type="checkbox"/> NFL football <input type="checkbox"/> Unknown	Complaints of chronic ankle pain and stiffness aggravated by prolonged standing and walking. Clinically mild ankle swelling with moderate tibio-talar joint space narrowing and heterotpic bone formation of distal

PRF - Jamize Olawale
rev. 06/2021

Dr. Paul Saenz

E-Ballot - 07/01/2021

syndesmosis. Documented injury pps. 88,90.

Dr. Saenz Report

X-ray Right Ankle (06/17/2021): There is moderate tibiotalar joint space narrowing. There is heterotopic bone formation of the distal syndesmosis.

Dr. Saenz Report

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RIGHT SHOULDER

<u>Shoulder Impairment</u>	<u>Point Value</u>
Symptomatic Rotator Cuff Tendon Tear	2

Marked weakness to supraspinatus

EXHIBIT 29

CHIEF COMPLAINT: Right shoulder.

HISTORY: The player states that yesterday during the game he did an arm tackle with the right arm and has had pain and weakness in the right upper extremity since then. His past medical history is otherwise unremarkable with the exception of a right AC sprain in the past.

EXAMINATION: Right shoulder: Marked weakness to supraspinatus isolation strength testing and difficulty raising his arm over his head. 2+ Neer and 2+ Hawkin's tests. 1+ Speeds test. Neurovascular status is normal.

ASSESSMENT: Right shoulder rotator cuff strain, possible tear.

EXHIBIT 29

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RIGHT SHOULDER

<u>Shoulder Impairment</u>	<u>Point Value</u>
Symptomatic Acromioclavicular Joint Inflammation	2

inflammation

EXHIBIT 29

tender

EXHIBIT 29

Both AC

EXHIBIT 25

limited ROM and strength due to pain. He has pain even with PROM

EXHIBIT 29

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LEFT SHOULDER

<u>Shoulder Impairment</u>	<u>Point Value</u>
Symptomatic Acromioclavicular Joint Inflammation	2

tender.

EXHIBIT 25

Both AC

EXHIBIT 25

DEM-07/8/2022

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LEFT SHOULDER

<u>Shoulder Impairment</u>	<u>Point Value</u>
Symptomatic Rotator Cuff Tendon Tear	2

weakness.

EXHIBIT 3

left arm is weaker than the right,

Dr. Saenz Report

HISTORY: The player states he suffered a stinger in the game two weeks ago. He now reports some weakness when doing lat pulldowns with his left shoulder.

PHYSICAL EXAMINATION: He has full range of motion of his neck without tenderness. His motor examination reveal 5/5 strength to the rotator cuff and deltoid area. There is no evidence of atrophy. His neurovascular status is normal.

ASSESSMENT: Reported stinger episode with weakness to his latissimus dorsi doing lat pulldowns. No evidence of obvious atrophy or sensory deficits.

EXHIBIT 3; see EXHIBIT 25

Numbness in my shoulder / Arm,

lack of strength (left side)

EXHIBIT 25

injured during the season? [] YES [] NO
ails:

② Stinger

Shoulder (10 career)

One

Weak

EXHIBIT 25

DBM - 5/18/2022

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LEFT ANKLE

<u>Ankle Impairment</u>	<u>Point Value</u>
Tibialis Anterior Tendon Insufficiency	3



EXHIBIT 31

1. **Full-thickness defect/tear** through the anterior distal tibiofibular syndesmotic ligament with surrounding edema and soft tissue swelling as well as edema within the soft tissues about the distal tibiofibular syndesmotic membrane.

2. **Grade 2 sprain** of the anterior talofibular ligament.

EXHIBIT 31

grade 2 sprain of the anterior tibiofibular ligament.

EXHIBIT 30

acute on chronic sprain of the ATF grade II

EXHIBIT 30

Left ankle sprain

EXHIBIT 30

ASSESSMENT: Left ankle midfoot strain with left ankle inversion sprain.

EXHIBIT 30

DEM-07/8/2022

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LEFT KNEE

<u>Knee Impairment</u>	<u>Point Value</u>
Symptomatic MCL Tear with Moderate Or Greater Instability	2

laxity

EXHIBIT 19

Left Knee Medial Collateral Ligament Tear

EXHIBIT 19

L R 	Knee	ACL-BTB/HS/ALLO
	Effusion	MCL
	ROM	PCL
	PF Crepitus	PF-Inst. / DJD
	PF Alignment	Loose Body
	Valgus 0°	Meniscus
Valgus 30°		

EXHIBIT 29

Left Knee MCL

EXHIBIT 25; EXHIBIT 19

Grade 1 sprain of the medial collateral ligament.

EXHIBIT 21

		KNEES			
Strained	Left or Right	Sprain Ligament	Left or Right	Torn Ligaments	Left or Right
Torn Cartilage	Left or Right	Knee Cap Injury	Left or Right	Fractures	Left or Right
Operations	Left or Right	Injections	Left or Right	Pains	Left or Right
Dislocations	Left or Right	Missed Practice	Left or Right	Missed Games	Left or Right
Bruise	Left or Right	Bursitis	Left or Right	Swelling	Left or Right
Locking	Left or Right	Giving Away	Left or Right	Arthroscopes	Left or Right
Wear Braces	Left or Right	Casted	Left or Right	Arthritis	Left or Right
Chondromalacia	Left or Right	Grinding	Left or Right	Other	Left or Right
EXPLAIN: <u>Sprained MCL last week; I missed no</u>					
<input type="checkbox"/> None Of These Apply					

EXHIBIT 4

DBM - 5/18/2022

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LEFT ANKLE

<u>Ankle Impairment</u>	<u>Point Value</u>
Degenerative Joint Disease - Moderate Or Greater (i.e., significant loss of joint space as confirmed by clinical examination and x-ray)	3

Left Ankle DJD

EXHIBIT 19

Left Ankle DJD

EXHIBIT 25

Left Ankle

EXHIBIT 29

<u>ANKLES</u>					
Sprains	<u>Left</u> or Right	Strain	Left or Right	Fractures	Left or Right
Dislocations	Left or Right	Operations	Left or Right	Injections	Left or Right
Casted / Splinted	Left or Right	Pain	Left or Right	Missed Practice	Left or Right
Missed Games	Left or Right	Bruise	Left or Right	Other	Left or Right

EXPLAIN: ☐ None Of These Apply

Sprained Ankle on the same
play as my MCL sprain; Missed

EXHIBIT 4

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LEFT FOOT

<u>Foot Impairment</u>	<u>Point Value</u>
Hallux Rigidus - Moderate Or Greater (i.e., significant loss of joint space as confirmed by clinical examination and x-ray)	1

Mild to moderate arthrosis of the great toe MTP joint

EXHIBIT 31

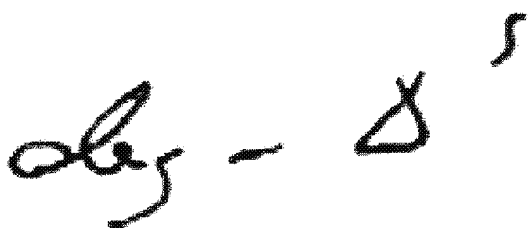


EXHIBIT 34

Left Great Toe

EXHIBIT 25; EXHIBIT 19

CHIEF COMPLAINT: Left foot pain.

HISTORY: The player comes in stating he had some pain over the medial aspect of his left foot following the game. He does not remember any specific injury.

EXHIBIT 34

Left Foot Contusion

EXHIBIT 34

DDM - 07/8/2022

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RIGHT HAND

<u>Hand Impairment</u>	<u>Point Value</u>
Mediolateral Ligamentous Instability - Moderate Or Greater (i.e., instability that significantly impairs the Player's ability to perform normal activities of daily living (bathing, grooming, dressing, driving, etc.))	1

ligament laxity in collaterals at MCP. Appears to be a gamekeepers thumb.

EXHIBIT 35

gamekeeper's thumb injury.

EXHIBIT 19

1. Grade 2 sprains of the ulnar and radial collateral ligaments as well as a possible grade 2 sprain of the thumb metacarpal capsular origin of the volar plate.

EXHIBIT 36

DEM - 9/78/2022

ATHLAW LLP

LEFT HIP

<u>Hip Impairment</u>	<u>Point Value</u>
Degenerative Joint Disease - Moderate Or Greater (i.e., significant loss of joint space as confirmed by clinical examination and x-ray)	3

mild-to-moderate joint space narrowing noted of the left hip.

Dr. Saenz Report

DBM 5/18/2022

ATHLAW LLP

CERVICAL AND LUMBAR SPINE

<u>Cervical Spine Impairment</u>	<u>Point Value</u>

C4-C5: Small diffuse right paracentral disc protrusion, slightly indenting the anterior thecal sac, resulting in mild right-sided

EXHIBIT 26

IMPRESSION:

Minimal to mild degenerative disc disease in the cervical spine, particularly at C4-5, resulting in mild right-sided neural foraminal narrowing at C4-5 and mild left-sided neural foraminal narrowing at C5-6.

EXHIBIT 26

numbness in his hands, fingers,

Dr. Brahlin Report

Numbness in my shoulder/arm, lack of strength (left side)

EXHIBIT 25

Interfered during the season? [] YES [] NO
ails:

② Stinger
Shoulder (10 career)

One weak

EXHIBIT 25

right-sided stinger

EXHIBIT 25

radiation numbness

Dr. Saenz Report



CONCLUSION

Because there are no considerable occupations that Jamize is not substantially prevented from engaging in without worsening severe pain and chronic discomfort – nor did the NFL Board-chosen doctors identify any such specific occupations or provide job descriptions indicating that the jobs do not require exertion or skills beyond Jamize’s capability – the Board should act reasonably and determine that Jamize Olawale satisfies the plain terms of the Plan. Moreover, Mr. Olawale qualifies for LOD benefits because his physical impairments demonstrate at least 9 points arising out of league football activities. Thus, respectfully, the Committee should prudently determine that Mr. Jamize Olawale is entitled to his collectively bargained for T & P, LOD, and NC benefits.

Sincerely,

Samuel Katz, Esq.
Managing Partner
Athlaw LLP



NFL PLAYER BENEFITS

DISABILITY PLAN

200 St. Paul Street, Suite 2420
Baltimore, Maryland 21202
Phone 800.638.3186
Fax 410.783.0041

PHYSICIAN REPORT FORM

TOTAL & PERMANENT DISABILITY BENEFITS

Notice to Physician: To preserve your independence and the integrity of the decision-making process, you must avoid contacts with attorneys or other representatives of the Players seeking disability benefits from the NFL Player Disability & Neurocognitive Benefit Plan. Please notify the NFL Player Benefits Office if you are contacted by any of these individuals.

Player Name: Jamize Olawale DOB: [REDACTED] Phone [REDACTED]

Player's address: [REDACTED]

Player's Credited Seasons: 2012-2019 (8)

Claimed Impairments: See application

- Did you receive records for this Player? ☒ YES | ☐ NO If so, how many pages? 315
- Did you evaluate the Player? ☒ YES | ☐ NO If so, when? 03/17/2022
- Have you or your colleagues ever treated the Player previously? ☐ YES | ☒ NO
- Based on your evaluation, what is the nature of the Player's impairment(s)? (Attach additional sheets if necessary.)

Impairment to	Cause of impairment	
Both ankles, left great toe	<input type="checkbox"/> Illness	<input type="checkbox"/> Other- _____
	<input checked="" type="checkbox"/> Injury	<input type="checkbox"/> Unknown
Lumbar spine, bilateral knees	<input type="checkbox"/> Illness	<input type="checkbox"/> Other- _____
	<input type="checkbox"/> Injury	<input checked="" type="checkbox"/> Unknown

5. In your opinion, is the Player **totally and permanently disabled** to the extent that he is substantially unable to engage in any occupation for remuneration or profit?

☐ YES | ☒ NO
☐ Unable to Determine

If you checked YES:

- ☐ Describe the impairments and explain how they prevent the Player from working.
 _____.
- ☐ Has the Player's condition persisted or is it expected to **persist for at least 12 months** from the date of its occurrence, and excluding any reasonable recovery period?

☐ YES | ☐ NO

If you checked NO:

- ☐ Describe the type of employment in which the Player can engage.
He should be able to engage in light to medium duty capacity occupations. He can walk, sit, and stand. He should be able to lift and carry 20-30 pound regularly.
 _____.

6. Do you have any additional remarks? See narrative_____.

Please provide the required narrative report with this form.

I certify that:

- ☒ I reviewed all records of this Player provided to me.
☒ I personally examined this Player.
☒ This Physician Report Form and the attached narrative report(s) accurately document my findings.
☒ My findings reflect my best professional judgment.
☒ I am not biased for or against this Player.

Hussein Elkousy

 Signature

03/18/2022

 Date

Comments

PRF - Jamize Olawale
(rev. 03/18/2022)

Hussein Elkousy

JO-00980



NFL PLAYER BENEFITS

DISABILITY PLAN

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PHYSICIAN REPORT FORM - ORTHOPEDICS

LINE-OF-DUTY DISABILITY BENEFITS

Notice to Physician: To preserve your independence and the integrity of the decision-making process, you must avoid contacts with attorneys or other representatives of the Players seeking disability benefits from the NFL Player Disability & Neurocognitive Benefit Plan. Please notify the NFL Player Benefits Office if you are contacted by any of these individuals.

Player Name: Jamize Olawale DOB: [REDACTED] Phone: [REDACTED]
 Player's address: [REDACTED]
 Player's Credited Seasons: 2012-2019 (8)
 Claimed impairments: See application

- Did you receive records for this ☒ **YES** ☐ **NO** If so, how many pages? 315
- Did you evaluate the Player? ☒ **YES** ☐ **NO** If so, 03/17/2022
- Have you or your colleagues ever treated the Player previously? ☐ **YES** ☒ **NO**
- For **ORTHOPEDIC IMPAIRMENTS**, please rate the impairment(s) using the Point System for Orthopedic Impairments. (Attach additional sheets if necessary.)

Impairment	Occur.	Points	Cause	Comments
			<input type="checkbox"/> Illness <input type="checkbox"/> Other- <u> </u> <input type="checkbox"/> NFL football <input type="checkbox"/> Unknown	

POINTS TOTAL:

0

PRF - Jamize Olawale
rev. 03/2022

Dr. Hussein Elkousy

JO-00981

Impairments

POINTS TOTAL: 0

Impairments Total

5. Is the Player's condition the primary or contributory cause of the surgical removal or major functional impairment of a **vital bodily organ or part of the central nervous system**? ☐ YES ☒ NO

If you checked YES:

Identify the affected body part or impairment(s) and describe the nature of the resulting surgical removal or major functional impairment.

Has this condition persisted or is it expected to **persist for at least 12 months** from the date of its occurrence, and excluding any reasonable recovery period? ☐ YES ☐ NO

6. Do you have any additional remarks?

See narrative

Please provide the required narrative report with this form.

- ☒ I reviewed all records of this Player provided to me.
- ☒ I personally examined this Player.
- ☒ This Physician Report Form and the attached narrative report(s) accurately document my findings.
- ☒ My findings reflect my best professional judgment.
- ☒ I am not biased for or against this Player.

Hussein Elkousy

Signature

03/18/2022

Date

Comments

Hussein Elkousy: Physician has submitted the eForm for player JAMIZE,OLAWALE application id 232760 Please review 03/18/2022 06:04 PM

Hussein Elkousy: Physician has submitted the eForm for player JAMIZE,OLAWALE application id 232760 Please review 03/18/2022 06:05 PM

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March 18, 2022

Hand and Upper Extremity Surgery

Microsurgery

James B. Bennett, M.D., P.A.
Thomas L. Mahhoff, M.D., P.A.
Iris S. Gharabail, M.D., P.A.
Randy Y. Luo, M.D., P.A.

Shoulder Surgery and Arthroscopy

Hussein A. Elkousy, M.D., P.A.
T. Bradley Edwards, M.D., P.A.
Barrett S. Brown, M.D., P.A.
K. Mathew Warnock, II, M.D., P.A.
Marilyn E. Copeland, M.D., P.A.
Mufaddal M. Gomera, M.D., P.A.
Michael C. Gustick, M.D., PLLC

Joint Implant Surgery

Gregory W. Stocks, M.D., P.A.
Vasilos Mathews, M.D., P.A.
Robin Goyta, M.D., P.A.
Anay R. Patel, M.D., P.A.
Ugonna N. Ihekweazu, M.D., P.A.
Houston L. Braly, II, M.D., PLLC

Sports Medicine

and Surgery of the Knee
Hussein A. Elkousy, M.D., P.A.
Barrett S. Brown, M.D., P.A.
K. Mathew Warnock, M.D., P.A.
Marilyn E. Copeland, M.D., P.A.
Mufaddal M. Gomera, M.D., P.A.

Ilizarov Surgery and Limb Reconstruction

Mark R. Brinker, M.D., P.A.

Pediatric Orthopedic Surgery

Gary T. Brock, M.D., P.A.
Iris S. Gharabail, M.D., P.A.

Scoliosis and Pediatric Spinal Deformity

Gary T. Brock, M.D., P.A.

Reconstructive Spinal Surgery

Jeffery A. Kozak, M.D., P.A.
J. Bryan Williamson, M.D., P.A.
Joseph C. Allen, M.D., P.A.
David W. Wintersley, M.D., P.A.
Ryan M. Stuckey, M.D., P.A.
Houston A. Taba, M.D., P.A.

Surgery of the Foot and Ankle

David P. Loncarich, M.D., P.A.
David M. Bloome, M.D., P.A.
Tomiko Fukuda, M.D., P.A.

Trauma-Acute and Reconstructive

Mark R. Brinker, M.D., P.A.

General Orthopedic Surgery

J. Kevin Horn, M.D., P.A.
Robert L. Burke, M.D., P.A.
Barry D. Boone, M.D., P.A.
Joseph C. Allen, M.D., P.A.
K. Mathew Warnock, II, M.D., P.A.
Marilyn E. Copeland, M.D., P.A.

Endocrinology, Diabetes and Metabolism

Yonna T. Morla, M.D., P.A.

Internal Medicine and Infectious Diseases

Seema Shah, M.D., P.A.

Rheumatology

Holly J. Jones, M.D., P.A.

Physical Medicine and Rehabilitation

Michael J. Vennix, M.D., P.A.
John S. Harrell, M.D., P.A.

Pain Management

Michael T. McCann, M.D., P.A.

Primary Care Sports Medicine

Kevin W. Lyu, M.D.

CEO

Jeffrey A. Stocks

Player: Jamize Olawale

DOB: [REDACTED]

DOE: 3/17/2022

History of present illness:

The player is a 32 -year-old right hand dominant male who presents for Line of Duty and Total and Permanent Disability Evaluation. My review included 196 pages of records provided by the NFLPB Document Management System (DMS), 33 pages of an appeal letter dated 2/7/2022 (AL), 38 pages of the T&P Application received 3/29/2021, 35 pages of the LOD Application received 3/29/2021, and 13 pages of a neutral orthopedic assessment from 6/24/2021. The total number of pages reviewed was 315.

Records and internet search confirm years played:

2012	Dallas Cowboys
2012- 2017	Oakland Raiders
2018- 2019	Dallas Cowboys

Patient Verbal History:

He complains of intermittent neck pain. He also has stiffness. He does not associate the symptoms with any specific positions. However, the symptoms do occur more with sitting and reclining.

He complains of bilateral shoulder pain with range of motion.

He complains of mild pain of his right elbow.

He does not have any issues with his left elbow.

He does not have any issues with either wrist.

He does not have any complaints of either hand.

He complains of lumbar pain. He cannot sit for long periods of time. He has difficulty getting up when lying down. He does not have any numbness or tingling.

He does not have any hip complaints.

He complains of bilateral knee stiffness and pain with bending, walking, standing, or sitting for long periods of time.

He complains of bilateral ankle soreness similar to his knees.

He complains of bilateral great toe pain and bilateral heel pain. He has pain when he stands or walks for 15 minutes.

Past Medical History:

None.

Past Surgical History (operative reports in DMS):

None.



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Past Surgical History (no operative report):

None.

Past Surgical History (per patient):

None.

Medications:

None.

Allergies:

NKDA

Physical examination:

Height: 6 feet tall Weight: 240 pounds stated.

The examination was done using a reflex hammer to test reflexes and a tape measure to measure limb girth.

The patient has appropriate pain and discomfort responses. He is well proportioned and symmetric with excellent muscle bulk and good tone with no atrophy.

General limb circumferences:

Site (at maximum girth)	Right (cm)	Left (cm)
Upper arm	40	39
Forearm	32	32
Thigh (15 cm prox to sup pole)	54	54
Calf (13 cm distal to inf pole)	44	43

Deep tendon reflexes:

	Right	Left
Triceps	1+	1+
Biceps	1+	1+
Brachioradialis	0	1+
Patellar tendon	0	0
Achilles	0	0

Cervical spine examination:

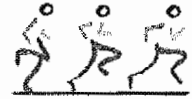
Supple, no spasm or muscle guarding.

Shoulder examination:

ROM	Right (degrees)	Left (degrees)
-----	-----------------	----------------

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Forward flexion	150	160
Extension	40	40
Abduction	140	160
Adduction	40	40
External rotation at 90	90	90
Internal rotation at 90	60	60

There is mild prominence of the right acromioclavicular joint compared to the left. He is not tender to palpation.

Elbow examination:

ROM	Right (degrees)	Left (degrees)
Flexion	120	120
Extension	0	0
Pronation	80	80
Supination	80	80

Wrist examination:

ROM	Right (degrees)	Left (degrees)
Flexion	50	50
Extension	50	50
Radial deviation	30	30
Ulnar deviation	30	30

Hand examination:

Full range of motion of all digits with no deformities.

Lumbar examination:

Supple, no spasm or muscle guarding.

Hip examination:

ROM	Right (degrees)	Left (degrees)
Flexion	100	100
Extension	0	0
Abduction	30	30
Adduction	10	10
ER	30	30
IR	10	10

Knee examination:

Right knee: no effusion with normal ACL, PCL, MCL, PLC exam.

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Left knee: no effusion with normal ACL, PCL, MCL, PLC exam.

ROM	Right (degrees)	Left (degrees)
Flexion	135	135
Extension	0	0

Ankle examination:

ROM	Right (degrees)	Left (degrees)
Plantarflexion	60	60
Dorsiflexion	10	10
Inversion	20	20
Eversion	20	20

Foot examination:

Mild bilateral pes planus.

Great toe range of motion on the right is dorsiflexion of 45 degrees and plantarflexion of 45°.

Great toe range of motion on the left is dorsiflexion of 45° and plantarflexion of 30°.

Radiographs:

- 1) Cervical spine 4 views (AP, lateral, lateral flexion, and extension): Preservation of disc space heights and vertebral body heights. No evidence of instability.
- 2) Lumbar spine 5 views (AP, lateral, lateral L5-S1, lateral flexion and extension): Preservation of vertebral body heights and disc space heights; bilateral pars defects with no motion on flexion and extension views.
- 3) Right shoulder 3 views (AP, supraspinatus outlet, Bernageau): preserved glenohumeral space and acromiohumeral distance; mild sclerosis of the greater tuberosity; small calcification of the acromioclavicular joint; type II acromion.
- 4) Left shoulder 3 views (AP, supraspinatus outlet, Bernageau): Preservation of glenohumeral space and acromiohumeral distance; type II acromion.
- 5) Right knee 3 views (PA WB in extension, lateral, and merchant): Preservation of medial and lateral joint spaces with mild squaring and early marginal osteophyte formation of the medial femoral condyle; enthesopathic changes of the superior pole and inferior pole of the patella; ossicle from Osgood Schlatter's; preserved patellofemoral space with beaking of the periphery of the patella.
- 6) Left knee 3 views (PA WB in extension, lateral, and merchant): Preservation of the medial and lateral joint spaces with mild squaring and early marginal osteophyte formation of the medial femoral condyle; mild enthesopathic change of the superior pole of the patella; ossicle from Osgood-Schlatter's; preserved patellofemoral space with beaking of the periphery of the patella.

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7) Right ankle 3 views (AP, lateral, mortise): Preservation of tibiotalar space; moderate irregularity of the contour of the tibia at the syndesmosis; ossification of the syndesmosis noted on both the AP and lateral views.

8) Left ankle 3 views (AP, lateral, mortise): Preserved tibiotalar space; mild irregularity and ossification of the syndesmosis.

9) Right foot 3 views (AP, lateral, oblique): Sclerosis of the base of the great toe proximal phalanx with beaking at the joint surface but preserved joint space.

10) Left foot 3 views (AP, lateral, oblique): Sclerosis of the base of the great toe proximal phalanx with beaking of the joint surface and mild narrowing of the joint space; flattening of the great toe metatarsal head.

Assessment:

Overall, the patient was cooperative with appropriate pain responses. He was well proportioned and symmetric with excellent muscle bulk and very good tone.

Body parts with impairment:**1) Cervical:**

He complains of intermittent pain and stiffness. He does not describe radicular symptoms. He has relatively symmetric upper extremity reflexes. He has no upper extremity atrophy. He has no cervical spasm. Radiographs are obtained which are normal.

Training room in physician documentation from November and December 2016 described conservative management of a left-sided brachial plexus injury (DMS 27-28, 108).

An MRI report of the cervical spine from 12/9/2016 describes minimal to mild degenerative disc disease in the cervical spine, particularly at C4-5, resulting in mild right-sided neural foraminal narrowing at C4-5 and mild left-sided neural foraminal narrowing at C5-6 (DMS 12-13).

Training room notes from August 2018 described conservative management of a brachial plexus stretch (DMS 114-115).

2) Thoracolumbar:

He complains of pain. He does not describe radicular symptoms. He has symmetric lower extremity reflexes. He has no lower extremity atrophy. He has no lumbar spasm. Radiographs are obtained which demonstrate bilateral pars defects but no instability and no degenerative changes.

Training room notes from September 2014 describe conservative management of a right upper back trapezius strain (DMS 130).

Training room notes from September and October 2015 describe left and right lower back muscle spasm (DMS 106-107).

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Training room notes from October 2018 described conservative management of left upper back and thoracic strain (DMS 116-117).

An MRI report of the lumbar spine from 1/20/2021 describes degenerative disc disease of the L5-S1 level with reactive discogenic edema of the inferior endplate of L5; bilateral L5 pars defects; no spinal canal or foraminal stenosis (DMS 2-3).

3) Right shoulder:

He complains of pain with range of motion. He has functional range of motion. There is mild prominence of the right acromioclavicular joint compared to the left. He has no tenderness to palpation. Radiographs are obtained which demonstrate a small calcification of the acromioclavicular joint with a type II acromion. The radiographs are otherwise normal.

Training room and physician notes from October through December 2014 describe conservative management of right shoulder rotator cuff tendinitis (DMS 131-137).

4) Left shoulder:

He complains of pain with range of motion. He has functional range of motion. Radiographs are obtained which demonstrate a type II acromion and a normal shoulder joint.

There are no documented injury events, procedure notes, or imaging reports in the DMS.

5) Right elbow:

He complains of mild pain. He has functional range of motion.

There are no documented injury events, procedure notes, or imaging reports in the DMS.

6) Left elbow:

He does not complain of pain. He has functional range of motion.

There are no documented injury events, procedure notes, or imaging reports in the DMS.

7) Right wrist:

He does not complain of pain. He has functional range of motion.

There are no documented injury events, procedure notes, or imaging reports in the DMS.

8) Left wrist:

He does not complain of pain. He has functional range of motion.

There are no documented injury events, procedure notes, or imaging reports in the DMS.

9) Right hand:

He does not complain of pain. He has normal motion with no deformity.

A training room note from December 3, 2017, describes a right thumb ulnar collateral ligament sprain (DMS 162).

An MRI report of the right hand from 12/4/2017 describes grade 2 sprains of the ulnar and radial collateral ligaments of the thumb MCP joint, possible grade 2 sprain of the thumb metacarpal capsular origin of the volar plate; edema and swelling of the soft tissues of the thumb MCP joint, mild edema within the metacarpal insertion of the opponens pollicis muscle; small subchondral cysts along the dorsum of the thumb metacarpal head; cortical irregularity along the dorsum of the second metacarpal head (DMS 5-6).

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10) Left hand:

He does not complain of pain. He has normal motion with no deformity.

There are no documented injury events, procedure notes, or imaging reports in the DMS.

11) Right hip:

He does not complain of pain. He has functional range of motion.

There are no documented injury events, procedure notes, or imaging reports in the DMS.

12) Left hip:

He does not complain of pain. He has functional range of motion.

Training room notes from August through November 2017 describe conservative management of a left quad strain (DMS 83-86).

An MRI report of the left thigh done on 8/20/2017 describes a mild strain of the left rectus femoris muscle proximally with minor intramuscular edema along the muscle belly medially, just below the level of the lesser trochanter and minor peritendinous edema surrounding the central tendon proximally; mild posttraumatic fluid is present deep to the left rectus femoris muscle belly proximally (DMS 14-15).

13) Right knee:

He complains of bilateral knee pain and stiffness. He has functional range of motion and good stability.

Radiographs are obtained which demonstrate minimal degenerative changes.

There are no documented injury events, procedure notes, or imaging reports in the DMS.

14) Left knee:

He complains of bilateral knee pain and stiffness. He has functional range of motion and good stability.

Radiographs are obtained which demonstrate minimal degenerative changes.

Training room notes and a physician note from October and November 2013 describe conservative management of a left knee contusion (DMS 80-81).

Training room notes from August and September 2016 described conservative management of the left knee medial collateral ligament injury (DMS 82)

An MRI report of the left knee from 8/19/2016 describes a subtle horizontal increased T2 signal through the body of the medial meniscus suggesting a subtle tear; increased signal about the superficial fibers of the medial collateral ligament as well as thickening and mild T2 intermediate signal of the superficial fibers near the femoral origin suggesting grade 1 versus grade 2 sprain; mild increased signal around the medial patellofemoral retinaculum suggesting grade 1 or grade 2 sprain; patellofemoral osteophytes and high-grade patellofemoral chondrosis; tibial tuberosity hypertrophy as well as adjacent bulky ossification along the inferior aspect of the patellar tendon with associated tendinosis, likely sequela of chronic Osgood Schlatter's disease; moderate sized knee effusion with synovitis; tiny popliteal cyst with fluid tracking caudally suggesting remote rupture (DMS 19-21).

Physician documentation from 12/4/2017 describes a left knee valgus injury (DMS 87).

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An MRI report of the left knee from 12/4/2017 describes a grade 1 sprain of the MCL; tricompartmental osteoarthritis with high grade chondral loss of the patellofemoral joint; tendinosis of the distal quadriceps and patellar tendon; sequelae of Osgood-Schlatter's disease; TT-TG distance of 16.5; mild edema of Hoffa's and the quadriceps fat pad (DMS 7-8)

15) Right ankle:

He complains of pain. He has functional range of motion. Radiographs are obtained which demonstrate preservation of tibiotalar space with irregularity of the contour of the tibia at the level of the syndesmosis.

Training room notes from September and October 2015 describe conservative management of a right high ankle and lateral ankle sprain (DMS 88, 90).

Training room and physician notes from October and November 2016 described conservative management of a right ankle posterior tibialis strain (DMS 141-142, 146-149).

An MRI report of the right ankle from 10/31/2016 describes mild tenosynovial fluid and tenosynovitis about the tibialis posterior tendon along its distal course, mild edema and swelling in the overlying soft tissues; osteochondral lesion along the anterior tibial plafond and; scar tissue in the region of the previously ruptured anterior distal tibiofibular syndesmotic ligament, old injuries of the posterior distal tibiofibular syndesmotic ligament and anterior talofibular ligament as well as superficial and deep fibers of the deltoid ligament; sequelae of chronic plantar fasciitis of the central band; mild focal reactive marrow edema pattern within the anterior medial base of the cuboid (DMS 16-17).

16) Left ankle:

He complains of pain. He has functional range of motion. Radiographs are obtained which demonstrate preservation of tibiotalar space with mild irregularity of the contour of the tibia at the level of the syndesmosis.

Physician documentation from September 24, 2013 documents a left high ankle sprain (DMS 138).

An MRI report of the left ankle from 9/24/2013 describes findings compatible with a grade 2 sprain of the anterior tibiofibular ligament, grade 1 sprain of the anterior talofibular ligament (DMS 22-23).

Physician documentation from October 22, 2015 documents a left ankle and midfoot strain (DMS 139).

Training room notes from December 2017 describe conservative management of a left foot Lisfranc sprain (DMS 155).

Physician documentation from December 2017 describe left ankle pain from an eversion and external rotation injury (DMS 87, 142).

An MRI report of the left ankle from 12/4/2017 describes a full thickness defect/tear through the anterior distal tibiofibular ligament with surrounding edema and soft tissue swelling; grade 2 sprain of the ATFL; grade 2 strain of the myotendinous junction of the extensor digitorum longus; age-indeterminate sprain of the deep fibers of the deltoid ligament; mild increased signal of the abductor digiti minimi muscle; mild subchondral edema of the cuboid at the calcaneocuboid joint (DMS 9-11).

Training room notes from May and June 2018 described conservative management of a left ankle sprain (DMS 143-144).

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17) Right foot:

He complains of pain. The structure of his foot is normal. Radiographs are obtained which demonstrate mild degenerative changes of the great toe MTP joint.

Training room notes from August and September 2015 describe conservative management of a right foot arch strain (DMS 156-159).

18) Left foot:

He complains of pain. The structure of his foot is normal. Radiographs are obtained which demonstrate mild to moderate degenerative changes of the great toe MTP joint.

Training room notes from October and November 2015 describe conservative management of a left foot tarsometatarsal sprain (DMS 154).

Training room and physician notes from November 2014 describe conservative management of a left foot contusion (DMS 153, 161).

An MRI report of the left foot from 12/4/2017 describes mild increased signal of the Lisfranc ligament; mild edema of the great toe TMT joint and the base of the great toe metatarsal; mild to moderate arthrosis of the great toe MTP joint and the articulation of the tibial hallux sesamoid; bipartite tibial hallux sesamoid (DMS 9-11).

Total and permanent disability summary:

The player is not totally and permanently disabled from an orthopedic standpoint.

He should be able to engage in a light to medium duty capacity occupation.

He has mild impairment of both ankles and the left great toe. These impairments are likely due to injury. He has a history of multiple ankle sprains and foot sprains.

He has mild impairments of his lumbar spine and bilateral knees. The etiology of this is not clear. The findings are consistent with aging.

Line of duty summary:

He does not have any injuries or conditions that would qualify him for rating in the point system.

Radiographs of the right ankle and the left knee demonstrate mild degenerative changes. I do not rate these as moderate. The joint spaces are preserved for both. There is minimal bony remodeling in both. The finding of calcification in the right ankle syndesmosis is simply consistent with prior injury and represents dystrophic calcification. This does not represent osteoarthritis.

I have fully reviewed all the appeal letters and notes for both the Line of Duty and the Total and Permanent Impairment Applications.

Hussein Elkousy, MD.

Hussein Elkousy, MD



NFL PLAYER BENEFITS

DISABILITY PLAN

Baltimore, Maryland 21202

Phone: 800.648.1180

Fax: 410.383.1111

PHYSICIAN REPORT FORM

TOTAL & PERMANENT DISABILITY BENEFITS

Notice to Physician: To preserve your independence and the integrity of the decision-making process, you must avoid contacts with attorneys or other representatives of the Players seeking disability benefits from the NFL Player Disability & Survivor Benefit Plan. Please notify the NFL Player Benefits Office if you are contacted by any of these individuals.

To be completed by NFL Player Benefits Office:

Player's name: JAMIZE OLAWALE

DOB: [REDACTED]

Phone: [REDACTED]

Player's address: [REDACTED]

Player's Credited Seasons: 2012 - 2019

Claimed impairments: See Application

- Did you receive records for this Player? ☐ YES | ☐ NO If so, how many pages? 196 + 33 page appeal + 38 page application + 17 page previous mental psych eval.
- Did you evaluate the Player? ☒ YES | ☐ NO If so, when? 03/10/2022
- Have you or your colleagues ever treated the Player previously? ☐ YES | ☒ NO
- Based on your evaluation, what is the nature of the Player's impairment(s)?
(Attach additional sheets if necessary.)

Impairment to	Cause of impairment	
Depression he reports	<input type="checkbox"/> Illness	<input checked="" type="checkbox"/> Other - <u>none, he does not meet criteria for depression or anxiety</u>
	<input type="checkbox"/> Injury	<input type="checkbox"/> Unknown
	<input type="checkbox"/> Illness	<input type="checkbox"/> Other -
	<input type="checkbox"/> Injury	<input type="checkbox"/> Unknown
	<input type="checkbox"/> Illness	<input type="checkbox"/> Other -
	<input type="checkbox"/> Injury	<input type="checkbox"/> Unknown

5. In your opinion, is the Player **totally and permanently disabled** to the extent that he is substantially unable to engage in any occupation for remuneration or profit? ☐ YES | ☒ NO
☐ Unable to Determine

If you checked YES:

- Describe the impairments and explain how they prevent the Player from working. _____

- Has the Player's condition persisted or is it expected to **persist for at least 12 months** from the date of its occurrence, and excluding any reasonable recovery period? ☐ YES | ☐ NO

If you checked NO:

- Describe the type of employment in which the Player can engage. _____
any job from a psychiatric standpoint meeting his physical & educational abilities.

6. Do you have any additional remarks? _____
no psychiatric disorder

see my report

Please provide the required narrative report with this form.

I certify that:

- ☒ I reviewed all records of this Player provided to me.
- ☒ I personally examined this Player.
- ☒ This Physician Report Form and the attached narrative report(s) accurately document my findings.
- ☒ My findings reflect my best professional judgment.
- ☒ I am not biased for or against this Player.

Signature

Print Name

Date

[Signature]
John Nahn MD

03/11/2022

**NFL PLAYER DISABILITY & NEUROCOGNITIVE BENEFIT PLAN
PSYCHIATRY NARRATIVE REPORT TEMPLATE**

Player's Name: Jamize Olawale

DOB: [REDACTED]

Neurologist Physician: John Rabun MD

Date of the Evaluation: 03/10/2022

Chief Complaints:

- 1) Depression
- 2) _____
- 3) _____

Clinical History: (Need to obtain a detailed and comprehensive history that will support your conclusion)

See my report

INSTRUMENTAL ACTIVITIES OF DAILY LIVING:

Check writing, paying bills, balancing a checkbook: no limitations in his instrumental activities of living
 Assembling tax records, business affairs or papers: was a financial planner
 Shopping alone for clothes, household necessities, or groceries: does this
 Playing a game of skill, working on a hobby: could do if he chose to do
 Heating water, making a cup of coffee, turning off the stove: does this
 Preparing a balanced meal: does this
 Keeping track of current events: watches TV + knows current events
 Paying attention to, understanding, discussing a TV show, book, or magazine: reads Bible every night with children
 Remembering appointments, family, occasions, holidays, medications: reads
 Traveling out of the neighborhood, driving, arranging to take public transportation: does this

FUNCTIONAL ACTIVITIES OF DAILY LIVING:

Eating: completely independent
 Bathing: _____
 Dressing: _____
 Toileting: _____

Transferring (walking) _____

Continence _____

PAST PSYCHIATRIC HISTORY:

	YES	NO	Dates/Circumstances:
Did the player ever have a previous episode of Depression, Mania, Anxiety, Psychosis		✓	
Past psychiatric visits/psychotherapy/counseling	✓		marital counseling
Past psychiatric hospitalizations		✓	
History of ECT/TMS		✓	
History of suicide attempts		✓	
History of aggression/violence	✓		towards wife
History of criminal justice contact		✓	
History of ADHD		✓	
History of Learning Disabilities		✓	
History of Abuse		✓	
Other			

TOBACCO/ETOH/ILLCIT SUBSTANCE/STEROIDS:

	YES	NO	Comments: Describe the following: age first used, amount, frequency, duration, longest period without using, last used. Adverse consequences of alcohol and or illicit substance use, medical (including DTs and/or alcohol related seizures), social, psychological. Rehabilitation history.
Tobacco		✓	
ETOH		✓	
Marijuana		✓	
Cocaine		✓	
Opiates		✓	
Stimulants		✓	
Hallucinogens		✓	
Ecstasy		✓	
LSD		✓	
PCP		✓	
Abuse of Prescribed Medications		✓	
Steroids		✓	

Other			
-------	--	--	--

PAST MEDICAL HISTORY:

	YES	NO	Comments:
Thyroid Disease	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Headache	<input checked="" type="checkbox"/>	<input type="checkbox"/>	usually daily / all day
Chronic Pain	<input checked="" type="checkbox"/>	<input type="checkbox"/>	back, knee, ankles
Orthopedic Issues	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Arthritis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Heart Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Hypertension	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Stroke	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Diabetes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Kidney Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Liver Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Lung Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Cancer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	

PAST SURGICAL HISTORY:

none

PAST MEDICATIONS: (List medications, dose, side effects, length of treatment, response to medication, if discontinuation, why and when)

none

CURRENT MEDICATIONS: (List of medications, dose, side effects, length of treatment, response to medications).

none

FAMILY HISTORY:

	YES	NO	Comments:
Dementia	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Psychiatric Disorder	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	mother - drug use

SOCIAL HISTORY: (Living Arrangements, Marital Status, Employment, Education, and Hobbies)*see my report***MENTAL STATUS EXAMINATION:****Appearance:**

	YES	NO	Comments:
Well Groomed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Disheveled	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	

Cognition

	YES	NO	Comments:
Orientation to person, place, and time	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Immediate recall	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Serial 7 subtraction starting at 100	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Delayed recall	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

MOCA:

	YES	NO	SCORE	Comments: When done please attach the questionnaire to the report form
Performed	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

Interaction:

	YES	NO	Comments:
Pleasant and cooperative	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Hostile	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Withdrawn	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Eye Contact	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	

Reported Mood:

	YES	NO	Comments:
Euthymic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Sad/Depressed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Anxious/Angry	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Irritable		<input checked="" type="checkbox"/>	
Labile		<input checked="" type="checkbox"/>	
Other			

Affect:

	YES	NO	Comments:
Within normal range	<input checked="" type="checkbox"/>		
Irritable/Angry		<input checked="" type="checkbox"/>	
Anxious		<input checked="" type="checkbox"/>	
Constricted/Blunted/Flat		<input checked="" type="checkbox"/>	
Depressed		<input checked="" type="checkbox"/>	
Elated/Euphoric		<input checked="" type="checkbox"/>	
Expansive		<input checked="" type="checkbox"/>	
Other			

Speech:

	YES	NO	Comments:
Normal rate/rhythm	<input checked="" type="checkbox"/>		
Pressured		<input checked="" type="checkbox"/>	
Slowed		<input checked="" type="checkbox"/>	
Logorrhea		<input checked="" type="checkbox"/>	
Paucity of speech		<input checked="" type="checkbox"/>	
Other			

Thought Content:

	YES	NO	Comments: Need to comment if the player has active suicidal and or homicidal ideations and if he expresses plan or intent at the time of the visit
Suicidal ideations		<input checked="" type="checkbox"/>	
Homicidal ideations		<input checked="" type="checkbox"/>	
Delusions		<input checked="" type="checkbox"/>	
Paranoid Ideations		<input checked="" type="checkbox"/>	
Preoccupations		<input checked="" type="checkbox"/>	
Obsessions and compulsions		<input checked="" type="checkbox"/>	
Ideas of reference		<input checked="" type="checkbox"/>	
Other		<input checked="" type="checkbox"/>	

Thought Process:

	YES	NO	Comments:
Linear	<input checked="" type="checkbox"/>		
Goal directed	<input checked="" type="checkbox"/>		
Loose Associations		<input checked="" type="checkbox"/>	

Flight of ideas		<input checked="" type="checkbox"/>	
Tangential		<input checked="" type="checkbox"/>	
Circumstantial		<input checked="" type="checkbox"/>	
Disorganized		<input checked="" type="checkbox"/>	
Other			

Perception:

	YES	NO	Comments:
Visual/Auditory Hallucinations		<input checked="" type="checkbox"/>	
Other			

Motor:

	YES	NO	Comments:
Psychomotor agitation		<input checked="" type="checkbox"/>	
Psychomotor retardation		<input checked="" type="checkbox"/>	

Insight and Judgment:

	YES	NO	Comments:
Insight Intact	<input checked="" type="checkbox"/>		
Judgment Intact	<input checked="" type="checkbox"/>		

**FURTHER DETAILED INFORMATION REGARDING SYMPTOMS
AND DIAGNOSIS AS PER DSM-5 CRITERIA**

CURRENT MAJOR DEPRESSIVE EPISODE (MDD):

A: Five (or more) of the following symptoms have been present over the past two weeks and represent a change from a previous functioning: at least one of the symptoms is either depressed mood or loss of interest or pleasure on a nearly daily basis:

	YES	NO	Comments: when relevant give a bullet description to include; onset, duration, severity of symptoms or refer to the HPI if you have already done so
Depressed mood most of the day, nearly every day	<input checked="" type="checkbox"/>		he reports, no signs detected
Markedly decreased interest or pleasure in all, or almost all, activities most of the day, nearly every day		<input checked="" type="checkbox"/>	

Significant weight loss when not dieting or weight gain, or decrease or increase in appetite nearly every day		<input checked="" type="checkbox"/>	
Insomnia or Hypersomnia nearly every day		<input checked="" type="checkbox"/>	
Psychomotor agitation or retardation nearly every day		<input checked="" type="checkbox"/>	
Fatigue or loss of energy nearly every day	<input checked="" type="checkbox"/>		"unmotivated"
Feeling of worthlessness or excessive and inappropriate guilt nearly every day		<input checked="" type="checkbox"/>	
Diminished ability to think or concentrate, or indecisiveness nearly every day		<input checked="" type="checkbox"/>	
Recurrent thoughts of death, recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide		<input checked="" type="checkbox"/>	

B:

	YES	NO	Comments:
The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning		<input checked="" type="checkbox"/>	

C:

	True	False	Uncertain	Comments:
The episodes are not attributable to the physiological effects or to another medical condition.	<input checked="" type="checkbox"/>			

Note: Criteria A-C represent a major depressive disorder

If there is currently depressed mood or loss of interest but full criteria are not met for a major depressive episode, document if there has been a past depressive episode and include timing, length and other criteria.

MMPI-2-RF: (Please document neuropsychologist's results when available and comment as needed)

	YES	NO	Comments:
Validity scales available			

not available

IMPRESSION AND DISCUSSION:

no psychiatric disorder

GENERAL INSTRUCTIONS:

- Discuss only the conditions/issues that the Player has identified in his application for benefits.
- Your assessment should be a "snapshot" of the Player's condition on the day of the examination, in that the assessment should not take into account future treatment that the Player can undertake for his condition(s).
- Stay within your area of medical expertise/specialty. A Player with impairments that involve other medical specialties will be referred to physicians in the applicable medical specialties, if the Player identified such impairments on his application.
- In one limited circumstance, you may identify impairments outside your area of specialty. That is where you specifically believe that the benefit determination should take such impairments into account. In that case, the Plan may refer the Player for examination by a specialist in the appropriate field for that impairment. To avoid confusion, please make any such recommendations clear and unambiguous.
- If you merely think that the Player should be examined by a personal physician in connection with impairments outside of your medical specialty, you may say so, but refrain from giving a definitive diagnosis outside your area of expertise. You may say, for example, that the Player has possible or probable neurological disorder and that he may benefit from a consultation with a neurologist.

- For each psychiatric diagnosis discussed, address how and to what extent the mental impairment limits the patient's functionality.
- Comment on treating physician or vocational expert reports provided to you by the NFL Player Benefits Office, to the extent you disagree with the views in such reports in any material way.
- The historical/physical exam sections of your report should contain all relevant facts. In your impression/discussion section, you should take care to support opinions with information contained in those earlier sections.
- Comment on the MMPI-2-RF results and validity measures when available.
- If a Player acts inappropriately or threatens you or any other Plan neutral physicians, notify the NFL Player Benefits Office immediately.
- If a Player states he has active suicidal thoughts and or homicidal, you may immediately call emergency personnel and/or escort the Player to the emergency department.



Signature of Psychiatrist

03/11/2022

Date

John Rabun MD LLC
9890 Clayton Road, Suite 100
St. Louis, Missouri 63124

Telephone: (314) 725-1515 Facsimile (314) 222-6321

Diplomate, ABPN
with board certification in General Psychiatry
Diplomate, NBME
Licensed in Missouri and Illinois

March 11, 2022

RE: Jamize Olawale

DOB: [REDACTED]

Date of Evaluation: 03/10/2022

I evaluated Jamize Olawale to form my opinion about whether he suffers from a psychiatric disorder totally and permanently disabling him to the extent he is substantially unable to engage in any occupation for remuneration or profit. Mr. Olawale is a 32-years-old married, unemployed, right-handed, African-American male pursuing Total and Permanent Disability Benefits with NFL Player Benefits. Mr. Olawale presently lives with his wife and three children in Dallas, Texas.

Prior to my formal interview, I told Mr. Olawale the reason for the evaluation. I explained to him I was hired by NFL Player Benefits to give my opinion about whether he suffers from a psychiatric disorder totally and permanently disabling him. I informed Mr. Olawale his comments to me were on the record. I cautioned Mr. Olawale I had to generate a report, sharing my report with NFL Player Benefits. I warned Mr. Olawale I was not acting as his treating physician, nor would I comment on any treatment he has received, or recommend any treatment. I then inquired if Mr. Olawale had any questions. He responded he understood my role and consented to the interview.

SOURCES OF INFORMATION:

1. My interview with Jamize Olawale on 03/10/2022.
2. NFL Player Benefits provided me with 196 pages of medical records, Mr. Olawale's 33 page appeal, his 38 page application for Total and Permanent Disability Benefits, and a 17 page neutral psychiatric evaluation conducted by Matthew Norman, M.D.
3. *The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*, published by the American Psychiatric Association in 2013.

OPINIONS:

Diagnostic Opinion: It is my opinion with reasonable medical certainty Mr. Olawale does not suffer from any psychiatric disorder. My diagnostic opinion is based on my

JO-01005

Jamize Olawale, page 2

education, training, and experience in both general and forensic psychiatry. Before arriving at my diagnostic and impairment opinions, I reviewed Mr. Olawale's medical records and appeal, gathered a personal history from him, and performed a mental status exam. Mr. Olawale was in his "media room" throughout the interview. He was polite and cooperative, answering all of my questions without hesitation or irritation.

Mr. Olawale told me he was born on April 17, 1989 in San Francisco, California. He related his mother, Lisa Gayles, and father, Benjamin Olawale, originally from Nigeria, were never married. He indicated he has no contact with his mother, explaining she was a "drug addict" when he was child, forcing his father to secure custody of he and his siblings. While discussing his substance use history, Mr. Olawale recalled evidence was presented in the custody litigation, as a 3 to 4-years-old child he was found intoxicated from alcohol, likely because his mother left this substance where it was readily available. Mr. Olawale said his father died in 2012 from heart disease and diabetes. He remembered Catholic Charities employed his father, but once his father gained custody of he and his siblings, his father was forced to quit his job to be a "full-time parent." Mr. Olawale reported he has two full siblings, an older brother and younger sister. According to Mr. Olawale, there is no family history of psychiatric illness, though his mother had significant substance use problems.

Mr. Olawale and I discussed his education. He reported he grew up in the San Francisco and Long Beach areas of California, attending three different high schools, Saint Ignatius High School, De La Salle High School, and graduating from Long Beach Poly High School in 2007. He stated he initially attended El Camino Junior College where he played football for two years. He said he then received a football scholarship to the University of North Texas, but did not complete his college degree before entering the NFL. He related several years later while in the NFL he completed his college degree in Sociology.

I questioned Mr. Olawale about his behavior as a child and adolescent. Mr. Olawale did not endorse any childhood behaviors or symptoms suggestive of Attention-Deficit/Hyperactivity Disorder. I asked Mr. Olawale about specific problems learning subjects in school. He replied during his formative education he was never in special education or remedial classes. I inquired about Mr. Olawale's conduct as an adolescent. He responded as an adolescent he never violated the rights of others or was arrested as a juvenile. I questioned Mr. Olawale about legal difficulties as an adult. He answered he has not had any legal difficulties as an adult.

Mr. Olawale and I discussed his NFL history. He said he signed with the Dallas Cowboys as an undrafted free agent in 2012, noting he was a Fullback. He recalled he was on the Dallas practice squad, but did not complete the season because he was released and signed with the Oakland Raiders. He remembered he played five seasons with Oakland, then was released and signed again with the Dallas Cowboys, playing in the 2018 and 2019 season with Dallas. He told me he was considering playing in 2020, but did not because "COVID hit so I decided it was time to stop." I questioned Mr. Olawale about his height and weight. He responded he stands 6 feet, and in the NFL

JO-01006

Jamize Olawale, page 3

weighed 240 pounds, a weight he has maintained. Mr. Olawale informed me he has not been employed since ending his NFL career. He reported he and his wife own Children's Lighthouse of Mansfield, a private pre-school. He indicated he and his wife started the pre-school "a couple of years ago," though children did not start attending until last year. He added he is not involved in managing the pre-school, a responsibility his wife has assumed.

Mr. Olawale and I discussed his psychosexual history. He stated he and his wife, Brittany, were married while he was in college. He indicated he has three children, a boy aged 10, a daughter aged 9, and another daughter aged 7. He said he has not fathered any other children by prior relationships. He told me his wife works as a real estate agent and manages their jointly owned pre-school. I inquired if Mr. Olawale was ever abused as a child. He replied to his knowledge he was never physically or sexually abused as a child or adolescent.

I questioned Mr. Olawale about his activities of daily living. He responded he does not work so he does most of the same activities everyday. He indicated on a typical day he wakes up, eats, takes his children to school, sometimes driving them, but most of the time walking them since the school is only 5 minutes from their home. He reported when he returns home he will spend the day in his "media room" where it is quiet and dark. He told me around 3:00 PM he picks his children up from school, again by either walking or driving. I asked what he does in his "media room" and he discussed how he watches TV or movies, adding he keeps up with current events but does not watch TV all day. I inquired about other activities and he stated he occasionally cooks, usually though he uses the microwave, and sometimes drives out on his own to shop. He said he does not have any hobbies, but not because he has lost interest in anything. In fact, he commented how he enjoys his "media room," describing this room as a place where he is left alone. Mr. Olawale informed me he does not take care of finances, saying he and his wife have a financial planner.

I asked Mr. Olawale about whether he suffers from any chronic medical illnesses. He responded he does not suffer from any chronic internal medical disorders such as hypertension, diabetes, heart disease, or thyroid illness. He stated he has never suffered a seizure characterized by loss of consciousness, tongue biting, and urinary or fecal incontinence. I questioned Mr. Olawale about prescription medications. He replied he is not taking any prescription medications. In fact, he told me he has never taken any psychotropic medications.

I questioned Mr. Olawale about physical and orthopedic injuries. He replied in college and professional football he injured his lower back, both ankles, both knees, and his neck, though he never required surgery. He told me he now has chronic pain in his lower back, knees, and ankles.

Mr. Olawale and I discussed his history of head insults. He stated he had one documented concussion in League play in 2017 where he was taken off the field. He believed he lost consciousness for "several moments," but does not remember anything

JO-01007

Jamize Olawale, page 4

else about this concussion. He told me he had one undocumented concussion his rookie year, recalling he “froze up and felt numb,” and discussed how he likely had several undocumented concussions each year he played in the NFL. He distinguished his undocumented concussions from expected head collisions by describing a “dazed feeling, not knowing for several moments where I am, and feeling numbness in my body.” I asked Mr. Olawale if he now has chronic headaches. He replied he is unable to say how many headaches he has a week, noting his headaches do not follow a particular pattern, but can last all day and are associated with photophobia, avoidance of loud noises, and occasional nausea. I questioned Mr. Olawale about whether he has any perceived memory difficulty. He answered he has trouble remembering what he is saying in extended conversations and complained of having trouble finding what words to use in conversations. He has noticed he will “stumble” over words when he is reading, relating this sometimes happens when he reads the Bible to his children every evening.

Mr. Olawale and I discussed his substance use history. He stated he could not recall the first time he voluntarily drank alcohol, though adding he has a memory of information being presented during his custody litigation he was alcohol intoxicated at age 3 or 4 while under his mother’s care. He did not describe any pattern of compulsive use of alcohol as an adult. He noted he now rarely uses alcohol, estimating “maybe once every couple of months.” I inquired if he had ever used any other substances and he responded he has never used any potentially intoxicating drugs.

I questioned Mr. Olawale about his psychiatric history. He responded a treating psychiatrist has never evaluated him. He indicated in 2021 because of his temper he and his wife began couple’s therapy. He explained he was acting physically aggressive with his wife, though he never injured her nor were the police ever involved in any incident. He recalled he and his wife went once a week to the couple’s therapist, though now they have not been in therapy for “a couple of months.” He reported he is presently able to manage his anger before he becomes physical by retreating to his “media room.” I inquired if any mental health professional had ever recommended psychiatric hospitalization, TMS, or electroconvulsive therapy. He replied no one had ever recommended psychiatric hospitalization and he had never heard of electroconvulsive therapy or TMS.

I asked Mr. Olawale about whether he suffers from any psychiatric issues. He replied he could not state when his “anger issues” began, but he now is aware he walks around “angry most of the day.” He complained of having “depressive episodes” along with his bouts of anger, but noted he has periods where he is happy and enjoys his life. He discussed how he feels “down,” has no motivation, is angry and irritable, prefers being alone, and has to “make a conscious effort to be around people.” He did not endorse any thoughts of hopelessness or worthlessness. He told me he has never had any thoughts of self-harm. He indicated he does not have any trouble sleeping. I also questioned Mr. Olawale about symptoms of bipolar illness and psychosis, but he did not acknowledge any examples I provided of mania, hallucinations, or delusions. I inquired if Mr. Olawale has any anxiety. He answered he sometimes has concerns about his family, but did not describe any panic attacks.

JO-01008

Jamize Olawale, page 5

I reviewed Mr. Olawale's medical records. His records contain several neuropsychological evaluations after he sustained a documented concussion in 2017 during League play. For example, Erin Reynolds, Psy.D. conducted a neuropsychological evaluation of Mr. Olawale in February of 2020 because he was complaining of headaches. Dr. Reynolds noted Mr. Olawale had a documented concussion on 10/08/2017 and reported "four to five" head collisions in the 2019 to 2020 season he believed stood out as "significant." He complained to Dr. Reynolds he was experiencing headaches and trouble learning new information, such as League plays. Dr. Reynolds questioned Mr. Olawale about his medical and social history, indicating he had no history of Attention-Deficit/Hyperactivity Disorder or learning disabilities. Following the evaluation, Dr. Reynolds opined his neurocognitive functioning was similar to his baseline scores in 2010, all of these being normal. Dr. Reynolds added he displayed left chronic vestibular hypofunction, but related Mr. Olawale had compensated for this problem.

Mr. Olawale also received neurology consultations because of his history of head collisions and headaches. In September of 2020, Alan Martin, M.D., a neurologist examined Mr. Olawale because of his complaints of headaches. Dr. Martin conducted a neurological evaluation, including screening for depression and performing a mental status exam. The results of the screening for depression using the PHQ-2 found no evidence of major depression. The mental status exam documented Mr. Olawale was not suffering from any hallucinations, delusions, his mood and affect were "appropriate," and he was alert, oriented, "with normal language, memory, attention, concentration, and fund of knowledge." As a part of Mr. Olawale's application for NFL benefits, Matthew Norman, M.D., a neutral psychiatrist, examined him on May 26, 2021. Dr. Norman questioned Mr. Olawale about his medical and social history and observed his behavior. Mr. Olawale told Dr. Norman he had no history of alcohol or drug use, was not taking any medications, and had no history or psychiatric treatment. Dr. Norman found no evidence suggesting Mr. Olawale was suffering from a psychiatric disorder.

During my evaluation, I performed a mental status exam. Mr. Olawale was pleasant and cooperative throughout the interview. He readily answered all of my questions without losing his composure or appearing irritated. He was neatly groomed and appropriately dressed. He did not exhibit any abnormal psychomotor activity. He maintained the expected level of eye contact. Mr. Olawale's cognition was intact. He was fully alert and oriented to time, place, person, and reason for the interview. He recalled three unrelated words immediately and after five minutes of distraction. He serially subtracted 7 from 100 to 51 without error. He described how similar items were related, saying a watch and ruler "both are used to measure things," and a train and bicycle "both are modes of transportation." He repeated the saying, "no ifs, ands, or buts," without difficulty. He interpreted the proverb "people who live in glass houses should not throw stones," as meaning, "Don't be hypocritical." He indicated if he smelled smoke in a crowded movie theatre he would exit and alert someone. He was capable of providing recent and remote information about his life without displaying any gaps in his memory.

JO-01009

Jamize Olawale, page 6

I judged Mr. Olawale's intellectual capacity to be in the average range based on his use of language and education.

Mr. Olawale's flow of thought was logical, sequential, and goal-directed. His speech was adequately modulated in rate, rhythm, and tone. His affect was appropriate, meaning he was serious, though he smiled on several occasions. He described his mood as, "Not motivated, down."

Mr. Olawale described trouble with his temper and feeling "depressed." When I questioned him about his symptoms, he responded he is "down," easily irritated and angry, prefers to be alone, but can interact socially though adding he has to make a "conscious effort" to socialize, and has problems with motivation. He did not voice or endorse any negative thoughts about himself such as worthlessness or hopelessness. He related he does not have trouble with his sleep cycle. He did not describe any problems with anhedonia, crying spells, or suicidal ideas. He did not endorse any examples I provided of hypomania or psychosis. He stated he is sometimes anxious about his family's safety, but did not complain of panic attacks. Further, Mr. Olawale did not show signs of acute depression such as poor eye contact, reduced psychomotor activity, paucity of speech or increased latency when speaking, a flat or constricted affect, or loss of composure.

After interviewing Mr. Olawale, reviewing his medical records, and performing a mental status exam, I opine with reasonable medical certainty he does not suffer from a psychiatric disorder. I considered but rejected diagnosing:

- 1) Major Depressive Disorder. I rejected this diagnosis because although he complains of anger, feeling down, poor motivation, and social withdrawal, these symptoms alone would not qualify for major depression. Further, he does not endorse suicidal ideas, thoughts of death, beliefs he is worthless or hopeless, a negative outlook on life, anhedonia, crying spells, trouble sleeping, or guilt ridden thoughts. In fact, even though he reported he prefers to be alone, he is capable of socializing if he makes an effort. Finally, he does not show signs of major depression, such as a flat or constricted affect, loss of composure, reduced psychomotor activity, poor eye contact, paucity of speech, or a disheveled appearance.
- 2) Persistent Depressive Disorder. I rejected this diagnosis because Mr. Olawale only reports one symptom suggestive of this disorder, poor motivation, meaning poor energy. He does not complain of poor appetite or overeating, insomnia or hypersomnia, low self-esteem, poor concentration, or feelings of hopelessness. Therefore, Mr. Olawale would not meet criteria for Persistent Depressive Disorder.

Disability Opinion: It is my opinion with reasonable medical certainty Mr. Olawale is not totally and permanently disabled by any psychiatric disorder to the extent he is substantially unable to engage in any occupation for remuneration or profit. I further

Jamize Olawale, page 7

opine from a psychiatric standpoint, Mr. Olawale has the capacity to be employed within his physical and educational abilities.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'J. Rabun', with a stylized flourish at the end.

John S. Rabun, MD

JO-01011



NFL PLAYER BENEFITS

DISABILITY PLAN

200 St. Paul Street, Suite 2420
Baltimore, Maryland 21202
Phone 800.638.3186
Fax 410.783.0041

PHYSICIAN REPORT FORM

TOTAL & PERMANENT DISABILITY BENEFITS

Notice to Physician: To preserve your independence and the integrity of the decision-making process, you must avoid contacts with attorneys or other representatives of the Players seeking disability benefits from the NFL Player Disability & Survivor Benefit Plan. Please notify the NFL Player Benefits Office if you are contacted by any of these individuals.

To be completed by NFL Player Benefits Office:

Player's name: JAMIZE OLAWALE

DOB: [REDACTED]

Phone: [REDACTED]

Player's address: [REDACTED]

Player's Credited Seasons: 2012 - 2019

Claimed impairments: See Application

- Did you receive records for this Player? ☒ YES | ☐ NO If so, how many pages? 342_____
- Did you evaluate the Player? ☒ YES | ☐ NO If so, when? 3/11/2022_____
- Have you or your colleagues ever treated the Player previously? ☐ YES | ☒ NO
- Based on your evaluation, what is the nature of the Player's impairment(s)?
(Attach additional sheets if necessary.)

Impairment to	Cause of impairment	
	<input type="checkbox"/> Illness	<input type="checkbox"/> Other – _____
	<input type="checkbox"/> Injury	<input type="checkbox"/> Unknown
	<input type="checkbox"/> Illness	<input type="checkbox"/> Other – _____
	<input type="checkbox"/> Injury	<input type="checkbox"/> Unknown
	<input type="checkbox"/> Illness	<input type="checkbox"/> Other – _____
	<input type="checkbox"/> Injury	<input type="checkbox"/> Unknown

5. In your opinion, is the Player **totally and permanently disabled** to the extent that he is substantially unable to engage in any occupation for remuneration or profit? ☐ YES | ☒ NO

☐ Unable to Determine

If you checked YES:

- Describe the impairments and explain how they prevent the Player from working. _____

- Has the Player's condition persisted or is it expected to **persist for at least 12 months** from the date of its occurrence, and excluding any reasonable recovery period? ☐ YES | ☐ NO

If you checked NO:

- Describe the type of employment in which the Player can engage. _____

6. Do you have any additional remarks? **See full note** _____

Please provide the required narrative report with this form.

I certify that:

- ☒ I reviewed all records of this Player provided to me.
- ☒ I personally examined this Player.
- ☒ This Physician Report Form and the attached narrative report(s) accurately document my findings.
- ☒ My findings reflect my best professional judgment.
- ☒ I am not biased for or against this Player.



Signature

3/39/2022

Date

Annette Okai, MD

Print Name

**NFL PLAYER DISABILITY & NEUROCOGNITIVE BENEFIT PLAN
NEUROLOGY REPORT FORM**

Player Name: Jamize Olawale

Date of Birth: [REDACTED]

Neurologist Physician: **Annette Okai, MD**

Date of Evaluation: March 11, 2022

Duration of the visit: 1.5 hrs

CHIEF COMPLAINTS:

- 1) Memory problems / losing train of thought / speech problems
- 2) Headaches / sensitivity to light
- 3) Mood Swings / Depression

CLINICAL HISTORY:

287 pages of medical records received and reviewed

This is a 32 y/o former professional football player, undrafted, as a fullback and played for the Oakland Raiders and Dallas Cowboys

Memory: While playing with the Raiders, he had difficulty remember the team he played the week before. He also loses his train of thought. He finds it difficult to follow a conversation. He feels he processes slower. He has to have things repeated to understand what is said and he is slow to respond.

He needs reminder for everything he does. He uses his phone for reminders. Wife has to help out with the financials and kids

He has to re-read because he does not retain what he is reading and skip over words

While driving, he has gotten lost, and he does not go out often. His sense of direction is bad

Speech: He has difficulty getting his words out and he stutter a lot. This is unlike him. In his mind, he has difficulty choosing his words. Sometimes difficulty making people understand him

Headaches: This has been ongoing for a few years. It is a dull pain that progresses to sharp pain. He has light sensitivity and nausea on occasions. He does not take a lot of medication, sometimes take Advil. He had a neuro evaluation but decline medication. Occurs about 4 x week and severe headaches couple of times a month. He usually just rests in a dark room. He does not go out a lot and takes a lot of breaks when he has the headaches

Mood: He is depressed over the past two years. He is angry and irritated most of the time. He is not outgoing as before. He prefers to be alone

COGNITIVE SYMPTOMS:

	YES	NO	Comments
Concentration/Attention (mathematics)	X		See HPI. Attention span is short. Less than 30 minutes
Memory Loss	X		See HPI
Visual Spatial (Getting Lost)	X		See HPI
Planning/Decision Making		X	
Language: (comprehension, reading, writing)	X		See HPI. He has to read multiple times to comprehend what he is reading
Other			

INSTRUMENTAL ACTIVITIES OF DAILY LIVING:

Check writing, paying bills, balancing a checkbook: Bills are on autopay, wife handles other aspect of the finances

Shopping alone for clothes, household necessities, or groceries: No issue

Playing a game of skill, working on a hobby: No hobbies; used to like basketball and video games but he does not do those anymore

Heating water, making a cup of coffee, turning off the stove: No issues

Preparing a balanced meal: No issues

Keeping track of current events: He watches TV to keep up, but does not actively seek it out

Paying attention to, understanding, discussing a TV show, book, or magazine: No issues following a plot

Remembering appointments, family, occasions, holidays, medications: Keeps everything in his phone to remember and be on time

Traveling out of the neighborhood, driving, arranging to take public transportation: Uses GPS all the time

FUNCTIONAL ACTIVITIES OF DAILY LIVING:

Eating: No Issues

Bathing: No Issues

Dressing: No Issues

Toileting: No Issues

Transferring (walking): No Issues

Continence: No Issues

NEUROPHYSICAL SYMPTOMS:

	YES	NO	Comments: for each positive, give a bullet description to include; onset, frequency, associated symptoms, exacerbating and relieving factors unless already described in the HPI in which case you can note to see HPI.
Dizziness	x		With change of position
Vertigo		X	
Imbalance		X	
Incoordination		X	
Gait disturbance		X	
Numbness/tingling	x		Not regularly
Facial Weakness		X	
Upper Extremity Weakness		X	
Lower Extremity Weakness		X	
Headaches	X		See HPI
Pain	X		Multiple joints
Dysphagia		X	
Visual complaints (double vision/blurring)		X	
Speech Changes (e.g. dysarthria)	X		See HPI
Tremor	X		Occasionally in hands
Seizures		X	
Fatigue	X		Mentally tired
Other			

BEHAVIORAL SYMPTOMS:

	YES	NO	Comments: for each positive, give a bullet description to include; onset, frequency, associated symptoms, exacerbating and relieving factors unless already described in the HPI in which case you can note to see HPI.
Depression	X		He admits to depression and he has reached out to the NFL for evaluation

Anxiety	X		
Mania		X	
Impulsivity	x		Daily
Poor Impulse Control	X		
Disinhibition			
Aggression	X		Physical altercations with various members of his family, including wife and father-in-law. Police called to home but no arrest made
Apathy		X	
Personality Changes	X		He is not outgoing as before
Sleep Disturbances	X		
Other			

HISTORY OF HEAD TRAUMA: (Discuss all non-football, pre-wee, high school, college and professional football concussions. Discern between documented and undocumented concussions. Document any practice/game time missed because of concussions. Comment on the presence or absence of LOC and or amnesia or any other associated symptoms):

Professional Football: 1 diagnosed concussion 2017. 2 significant hits that were noticed by staff but not reported. Multiple hits to the head. "bell rung"

Loss of consciousness: Yes

Headaches – yes, vision changes – yes, nausea – no, vomiting – no

Missed games: yes. At least 1 missed game due to head trauma

College Football: No diagnosed concussions, he did not report a significant hit. He had amnesia for most of the game. Multiple hits to the head.

Missed games: no missed games due to head trauma

High school football: No concussions or head trauma

Loss of consciousness: No

Missed games: No missed games due to head trauma

Peewee Football: Few hits to the head, with 1 episode of LOC

Missed games: no missed games due to head trauma

Non-football: No head trauma

PAST MEDICAL HISTORY:

	YES	NO	Comments
Diabetes		X	
Hypertension		X	
Heart Disease		X	

Stroke		X	
Anemia		X	
Thyroid Disease		X	
Cancer		X	
Kidney Disease		X	
Liver Disease		X	
Lung Disease		X	
Arthritis	X		Knees and ankles
Other			

PAST SURGICAL HISTORY:

Oral surgery

PAST PSYCHIATRIC HISTORY:

	YES	NO	Comments/Dates/Circumstances:
Past psychiatric visits/psychotherapy/counseling		X	
Past psychiatric hospitalizations		X	
History of suicide attempt		X	
History of suicide thoughts		X	
History of aggression and violence	X		See above
History of criminal justice contact		x	No arrests but police called to home
History of Learning disabilities		X	
History of ADHD		X	
Other			

PRIOR NEUROLOGICAL OR NEUROPSYCHOLOGICAL: Yes

6/2021: Joint NCD – Unable to determine

6/2021: Neuropsychology – invalid test results. Neurology – No disability

1/2021 – Neurology – MoCA 24/30; neuropsychology evaluation recommended

2/2020: Neurology – chronic headache syndrome

2/2020. Neuropsychology – Neurocognitive score are consistent with baseline or within expectation; chronic vestibular hypofunction with compensation

4/2020 – Neuropsychology follow up – concussive symptoms fully abated and working out at fully ability

PAST MEDICATIONS: Does not recall

CURRENT MEDICATIONS: No prescribed medication

ETOH/ SUBSTANCE ABUSE/STEROIDS HISTORY:

	YES	NO	Comments: (Age first used, amount, frequency, duration, longest period without using, last used)
ETOH	X		Social
Marijuana		X	
Cocaine		X	
Opiates		X	
Stimulants		X	
Hallucinogens		X	
Ecstasy		X	
LSD		X	
PCP		X	
Abuse of Rx Medications		X	
Anabolic Steroids		X	
Other			

FAMILY HISTORY:

	YES	NO	Comments
Dementia		X	
AD		X	
Parkinson's Disease		X	
Seizures		X	
Other			

SOCIAL HISTORY:

Employment: Currently unemployed. Has not worked since leaving the NFL

Marital Status: Married

Living Arrangements: Lives with wife and three kids

Hobbies: None now

REVIEW OF SYSTEMS:

Skin	Neg
------	-----

Eyes	Neg
Head	Headaches
Lungs	Neg
Cardiac	Neg
Gastrointestinal	Neg
Endocrine	Neg
Urinary	Neg
Neuro	See HPI

GENERAL MEDICAL EXAMINATION:

Vital Signs: BP: 122/68 Pulse: 72 Weight: 244 lbs

Skin: Warm and dry

HEENT: Atraumatic

Neck: Range of motion intact

Cardiac: S1, S2, no murmurs

Lungs: clear bilaterally

Abdomen: nontender, bowel sounds present

Back: Nontender

Extremities: no edema

COGNITIVE EXAM (MOCA):

Total MOCA Score 24/30 (attach assessment form)

Visuospatial/Executive:	5/5
Naming:	3/3
Attention: Digits	2/2
Letters	1/1
Serial 7s	3/3
Language: Repeat	2/2
Fluency	0/1
Abstraction:	2/2
Delayed Recall:	0/5
Orientation:	6/6

	YES	NO	Comments
Multistep Command: (with your left hand, touch your right ear, close your eyes and stick out your tongue)	X		
Concentration sustained during the exam: (Listening)	X		

Knowledge of current events within the last week	X		
Language: Comprehension. Naming: objects (pen, ball point of the pen, clip of pen) and colors. Ability to repeat: (no ifs ands or buts). Reading and Writing.	x		

BEHAVIORAL EXAMINATION**Appearance:**

	YES	NO	Comments
Well Groomed	X		
Disheveled		X	
Other			

Interaction:

	YES	NO	Comments
Pleasant and cooperative	X		
Hostile		X	
Withdrawn		X	
Eye Contact	X		
Other			

Reported Mood:

	YES	NO	Comments
Euthymic	X		
Sad/Depressed	X		
Anxious/ Angry		X	
Irritable	X		
Labile		X	
Other			

Affect:

	YES	NO	Comments:
Within normal range	X		
Irritable/Angry		X	
Anxious		X	
Constricted/Blunted/Flat		X	

Depressed		X	
Elated/Euphoric		X	
Expansive		X	
Other			

Speech:

	YES	NO	Comments
Normal rate/rhythm	X		
Pressured		X	
Slow		X	
Logorrhea		X	
Paucity of speech		X	
Other			

Thought Content:

	YES	NO	Comments
Suicidal ideations		X	
Homicidal ideations		X	
Delusions		X	
Paranoid Ideations		X	
Preoccupations		X	
Obsessions and Compulsions		X	
Ideas of reference		X	
Other			

Thought Processes:

	YES	NO	Comments
Linear	X		
Goal Directed	X		
Tangential		X	
Circumstantial		X	
Loose Associations		X	
Flight of ideas		X	
Circumstantial		X	
Disorganized		X	
Other			

Perception:

	YES	NO	Comments
Visual/Auditory Hallucinations		X	

Motor:

	YES	NO	Comments
Psychomotor Agitation		X	
Psychomotor Retardation		X	

	YES	NO	Comments
Insight	X		
Judgement	X		

NEUROLOGICAL EXAMINATION

Handedness: Right

Cranial Nerves:

Are the following cranial nerves intact?				
	YES	NO	Not Tested	Describe any abnormality
I			X	
II	X			
III/IV/VI	X			
V	X			
VII	X			
VIII	X			
IX/X	X			
XI	X			
XII	X			

Frontal Lobe Release Signs:

	YES	NO	Not Tested	Describe any abnormality
Snout		X		
Glabellar		X		
Jaw Jerk		X		
Palmomental		X		
Other				

Motor:

	YES	NO	Not Tested	Describe any abnormality
--	-----	----	------------	--------------------------

Atrophy		X		
Tremor	X			Mild in BLE, intermittent
	Normal	Abnormal		
Tone	X			
Strength Upper Extremities	X			
Strength Lower Extremities	X			

Reflexes:

	YES	NO	Not Tested	Describe any abnormality
	Normal	Abnormal		
Reflexes Upper Extremities	X			
Reflexes Lower Extremities	X			
Babinski	X			

Cerebellar:

	YES	NO	Not Tested	Describe any abnormality
Finger -Nose	X			
Heel-Shin	X			
Dysdiadochokinesis		X		

Sensory:

	YES	NO	Not Tested	Describe any abnormality
Sharp/dull	X			
Vibration	X			
Position	X			
Other				

Gait:

	Normal	Abnormal	Not Tested	Describe any abnormality
Heel Walk	X			
Toe Walk	X			
Tandem	X			

Romberg:

	Positive	Negative	Not Tested	Describe any abnormality
		X		

IMPRESSION AND DISCUSSION:

Mr Olawale present for neurocognitive evaluation with complaints of decreased memory, headaches, and depression

Cognitive complaints: He has to use his phone for all reminders and reports difficulty with processing and attention.

Headaches: He has severe headaches a few times a month, other headaches are not as debilitating. In fact, after therapy, headaches were improved, and he declined treatment. He has not followed up with the neurologist since 2021. Headaches alone, are not a cause of disability

Depression: This is particularly evident in the interview today and that has an impact on his current outlook. It is my personal opinion that he sees a psychiatrist for an evaluation

Neurological exam was unremarkable in the cognitive domain and no frontal release signs were seen. MoCA score is 24/30 same as 2021. This falls just below normal range, but this finding is incongruent and out of proportion to his complaints. Executive function was intact. Attention, orientation, and abstraction were in normal range. Response was variable on language and none on delayed recall

In this situation, a full neurocognitive evaluation is warranted. He had a full neurocognitive evaluation, and the result discussed with the neuropsychologist. No cognitive impairment seen, and testing was valid.

Summary: His complaints are not consistent with testing. Full neurocognitive testing showed no cognitive impairment. Neurologically, no other deficits were observed.

From a neurological perspective, no evidence for total and permanent disability



Signature of Neurologist

3/11/2022

Date

Addendum: Neuropsychological evaluation: Valid testing. No cognitive impairment

Joint conclusion: No acquired neurocognitive impairment



3/24/2022



NFL PLAYER BENEFITS

DISABILITY PLAN

PHYSICIAN REPORT FORM

TOTAL & PERMANENT DISABILITY BENEFITS

Notice to Physician: To preserve your independence and the integrity of the decision-making process, you must avoid contacts with attorneys or other representatives of the Players seeking disability benefits from the NFL Player Disability & Survivor Benefit Plan. Please notify the NFL Player Benefits Office if you are contacted by any of these individuals.

To be completed by NFL Player Benefits Office:

Player's name: JAMIZE OLAWALE

DOB: [REDACTED]

Phone: [REDACTED]

Player's address: [REDACTED]

Player's Credited Seasons: 2012 - 2019

Claimed impairments: See Application

- Did you receive records for this Player? ☒ YES | ☐ NO If so, how many pages? 345 _____
- Did you evaluate the Player? ☒ YES | ☐ NO If so, when? 3/2/2022 _____
- Have you or your colleagues ever treated the Player previously? ☐ YES | ☒ NO
- Based on your evaluation, what is the nature of the Player's impairment(s)?
(Attach additional sheets if necessary.)

Impairment to	Cause of impairment
N/A	<input type="checkbox"/> Illness <input type="checkbox"/> Other – _____ <input type="checkbox"/> Injury <input type="checkbox"/> Unknown
	<input type="checkbox"/> Illness <input type="checkbox"/> Other – _____ <input type="checkbox"/> Injury <input type="checkbox"/> Unknown
	<input type="checkbox"/> Illness <input type="checkbox"/> Other – _____ <input type="checkbox"/> Injury <input type="checkbox"/> Unknown

5. In your opinion, is the Player **totally and permanently disabled** to the extent that he is substantially unable to engage in any occupation for remuneration or profit? ☐ YES | ☒ NO

☐ Unable to Determine

If you checked YES:

- Describe the impairments and explain how they prevent the Player from working. _____

- Has the Player's condition persisted or is it expected to **persist for at least 12 months** from the date of its occurrence, and excluding any reasonable recovery period? ☐ YES | ☐ NO

If you checked NO:

- Describe the type of employment in which the Player can engage. He reports currently managing one of his businesses. _____

6. Do you have any additional remarks? Please see report. _____

Please provide the required narrative report with this form.

I certify that:

- ☒ I reviewed all records of this Player provided to me.
- ☒ I personally examined this Player.
- ☒ This Physician Report Form and the attached narrative report(s) accurately document my findings.
- ☒ My findings reflect my best professional judgment.
- ☒ I am not biased for or against this Player.


 Signature

3/2/2022
 Date

David Salisury, Psy.D., ABPP/CN
 Print Name

NFL PLAYER DISABILITY & NEUROCOGNITIVE BENEFIT PLAN**TOTAL & PERMANENT DISABILITY BENEFIT
NEUROCOGNITIVE DISABILITY BENEFIT
NEUROPSYCHOLOGY REPORT FORM**

Name: Jamize Olawale	Sex: Male
Date of Birth: [REDACTED]	Age: 32
Dates of Evaluation: 02/23/2022 (interview) & 03/02/2022 (testing)	Education: 16 years
Psychologist: David B. Salisbury, Psy.D., ABPP/CN	Psychometrist: Roberto Garza, B.A.
Reason for Referral: He was referred for evaluation as part of the NFL Players Plan.	
Informed Consent: Potential risks and benefits, limits of confidentiality, and test procedures were discussed. Following this discussion, the patient agreed to complete the evaluation and signed the informed consent form.	

DOCUMENTS REVIEWED

Application Joint Report Form 06.21.2021 pdf (2 pages)
Application NCD Disability received 03.29.2021 pdf (37 pages)
Application Neutral Neuro Report received 06.17.2021 pdf (18 pages)
Application Neutral Neuro-psych Report received 06.21.2021 pdf (21 pages)
Application Organized Medical Records received 04.08.2021 pdf (196 pages)
Application Disability received 03.29.2021 pdf (38 pages)
Appeal NCD, LOD and T&P Letter received 02.07.2022 pdf (33 pages)

TESTS ADMINISTERED

Tests Administered Per NFL Protocol: Beck Anxiety Inventory; Beck Depression Inventory-2nd Edition; Boston Naming Test; California Verbal Learning Test- 2nd Edition; Selected Subtests of the Delis-Kaplan Executive Function System; Medical Symptom Validity Test; Minnesota Multiphasic Personality Inventory – 2nd Revision Restructured Form; Rey Complex Figure Test, Copy Trial; Selective Subtests of the Wechsler Adult Intelligence Scale - 4th Edition; Selected Subtests of the Wechsler Memory Scale – 4th Edition; Test of Premorbid Functioning; TOMM; Wisconsin Card Sorting Test.

BEHAVIORAL OBSERVATIONS

He drove to the appointment and arrived alone. He ambulated independently without balance problems while walking between offices. There was no evidence of atypical movements. He was casually dressed and well groomed. He was alert and oriented to person, place, time and situation. Speech was fluent with adequate prosody. An interview was conducted via phone with follow up in person. He provided acceptable background information. Thought processes were logical with no signs of psychosis. Insight was acceptable. Mood was concerning for underlying depression. Affect and behavior were unremarkable. There was no report or indication that vision or hearing issues impacted testing. He reported adequate sleep the night before and denied any pain or fatigue issues that would have impacted testing.

JO-01028

RELEVANT PSYCHOSOCIAL & MEDICAL HISTORY

Mr. Jamize Olawale is a 32-year-old, right-handed male who presented for a neuropsychological evaluation in conjunction with the National Football League Players Benefit's Plan. The following information was gathered through a clinical interview with Mr. Olawale and review of previously noted records.

PSYCHOSOCIAL HISTORY

He was born in California and described an unremarkable childhood. He reported early life stuttering and benefitted from speech therapy. He denied any residual speech or language issues. He denied any history of attention or learning problems. He reported being a "B-C" student in high school and college. He graduated college with a Sociology degree. He reported playing the NFL (primary position: fullback; Dallas Cowboys, Oakland Raiders) from 2012-2019. He reported retiring secondary to repeat concussions. After his NFL career, he reported owning and managing an apartment building. He noted outsourcing repairs and focusing on supervising properties and managing finances. He denied any problems in this business. He also started a pre-school with his wife in January 2021. He reported having 29 staff for a school with a capacity of 225 children. His wife has the primary oversight duties for this business. He did acknowledge some challenges in the various meetings prior to the building and opening of the school. He reportedly relied upon his wife to keep him up to speed on the information in meetings. He reported a good support network including his family and his wife's family. He has been married since 2011 and they have 3 children (10, 8 & 7).

MEDICAL HISTORY

His denied any significant past or current medical history requiring physician care. He reported no current medications. He only reported a history of oral surgery but no orthopedic procedures to date. He indicated that a physician has told him that he will likely need a "back fusion" at some point. Family medical history is notable for diabetes (father) and heart disease (father). He was unaware of any other family history. He denied any known family history of neurological disorders, movement disorders or progressive neurocognitive conditions.

He reported a history of concussion starting at the age of 9. In this first event, he reported a concussion when playing which resulted in loss of consciousness (LOC) of unclear duration. He denied any medical attention or residual problems to his knowledge. He reported a second concussion around the age of 11 without LOC but a dazed sensation during a football game. He played through this with no evaluation, treatment or reported residual effects. He described a motor vehicle crash in "middle school" and was unsure if he had a concussion. He believed he was held out of sports activities for a little while after as a precaution. He reported no sports concussions in high school. He described a concussion in junior college during a game without LOC but again a dazed feeling and "numbness all over" for a few minutes. He had no recall of the remainder of the game. He did not recall any concussions during his college career. He reported an event his rookie season in the NFL (2012) during a special teams drill where he lost his helmet in a contact event. His head then hit the ground. He reported feeling dazed without LOC but did not tell anyone about the event. He was unaware of any problems after this event. He reported another concussion in 2016 where he was taken off the field and believed he was out from football related activity for a week yet still had residual symptoms such as light sensitivity. He also reported numerous regular events during training camps and games where he experienced significant contact which led to constant headaches. He speculated that every game he had multiple events where he was dazed and had fleeting numbness. He denied any other history of concussions.

Records available for review provided additional details about his history of potential concussions. While being evaluated for headaches, medical notes on 12/30/2019 indicated a significant concussion in 2017. A NFL Player Neurology report from 06/17/2020 detailed two early life concussions, a least one high school concussion, two undiagnosed concussions in college, a 2016 diagnosed concussion in the NFL and report of undiagnosed events likely weekly. This report also detailed player report of photophobia since 2016 and a two-year history of postural and kinetic tremor. Reported concussion symptoms included: transient feelings of being dazed, ringing in ears, and mild headache. Some notes indicated more consistent dull and non-localized headache throughout the season and occasional nausea. Per a neurology note on 02/06/2020, a head MRI and MRA were unremarkable.

There were a variety of orthopedic records that may be related to his various physical complaints. He reported fleeting periods of dizziness typically related to sudden positional changes. He denied any falls or other accompanying problems. He reported pain more often during times of activity. He detailed low back pain in the past two years. He also reported periods of pain in his feet, ankles, knees and neck. Records noted prior report of numbness in his hands and feet but he denied such problems on this occasion. He detailed mild headache in his youth which never impacted his daily functioning or became severe. He believed that headaches became more prominent during his professional football career with clear escalation in 2015 following a concussion. Other neurology records from 2020 suggested player report of a notable onset of headache after repeat concussive events in 2019. He reported that his headaches have improved in the past year. Previously, he reported constant low grade dull headache (3/10 on 1-10 scale with 10 being worst). He reported now having a few headaches a week (5/10 on 1-10 scale) that can last up to a day. There was no report of other accompanying symptoms with his headaches. He reported "shakiness" in his thumbs primarily at rest which has not been constant. He denied any other atypical motor issues or progression of his shakiness. Per records, he underwent vestibular therapy. The physical therapy evaluation noted peripheral vestibular hypofunction. He primarily reported noticing that he was having increasing problems catching a football around 2015 which persisted for his career. He was uncertain if the vestibular therapy was of benefit. He denied any changes to primary vision, audition, olfaction or gustation.

A functional capacity evaluation (01/07/2021) by Dr. James Montgomery indicated that he was disabled secondary to osteoarthritis. A personal statement from his wife in the application included her concerns about his headaches, bodily pain, and physical limitations.

NEUROCOGNITIVE HISTORY

He reported first realizing he has having memory problems in 2015 when he was unable to recall what team he was playing/had played. He reported more static cognitive problems from 2015-2021. He described problems with attention and focus. He provided examples such as often losing focus in the conversation with an architect about the building of their school. He has struggled to follow television shows. He reported being "less fluent" when speaking with periods of jumbled words or word finding problems. He reported slow reading which he attributed to attention issues. He was most concerned about memory decline primarily impacting day to day conversation and events. Still, he reported less efficient recall of distant events. He believed that his memory issues have improved in the past year with less frequent memory lapses. He noted his memory was still below baseline but speculated that his time away from football may be helping his overall cognitive functioning. He denied any changes in his decision making skills when not angry. He acknowledged acting more impulsive only when angry. He denied any

cognitive problems impacting his regular home routine yet has used written and electronic reminders. He denied any problems with finances or driving.

A personal statement from his wife in the application included her concerns about his cognition including forgetfulness, problems keeping his train of thought and increased difficulty understanding complex conversations. A psychology note from 02/11/2020 by Dr. Reynolds detailed wife reported concerns about Mr. Olawale's memory deficits, mood changes and headaches. The report included ImPACT testing scores that were interpreted as consistent with 2010 baseline scores.

A NFL Player Neuropsychology Report (06/09/2021) from Dr. O'Rourke was included in the records available for review. This report detailed player report of two concussions with LOC with one at the age of 8-9 and the other in 2016 or 2017 during a football game along with another potential concussion during his rookie year where his "bell was rung." He also reported feeling dazed after many of his plays as a fullback. His cognitive complaints in that report were consistent with the interview for this current evaluation and at that time he believed that cognitive changes had been occurring for 5-6 years. The report concluded that testing results were invalid prohibiting any clarification of whether he met criteria for Total and Permanent Disability.

PSYCHIATRIC HISTORY

He denied any history of psychological distress prior to his football career. He was most concerned about feeling "unhappy for no reason." He believed this was linked to his anger. He noted that he easily gets upset for even minor precipitants. He reported "walking around angry" more in the past few months which led to a psychiatry referral. He detailed prior events of aggressive behavior toward his wife, father-in-law and events of road rage. He reported last having poorly controlled anger last year. He reported mainly trying to avoid situations and withdrawing from others to manage any potential anger. He reported a more static depression where he finds limited joy in most daily activities. He was able to recall some outings with his family where he felt joy. Otherwise, he has become more socially withdrawn with little desire to be around prior acquaintances. He reported infrequent passive suicidal ideation but reported no active plan or intent. He stated that his strong religious faith would not allow him to act on any periods of hopelessness. He reported intact sleep (6-7 hours/night) without apnea. He reported being told by his wife that he occasionally "jerks" in his sleep but he was unaware of any other unusual nocturnal behavior. He described himself as usually "calm" and denied any periods of anxiety, panic symptoms or other intrusive emotional health symptoms. He denied any past or present psychotic symptoms. He denied any past or present history of alcohol misuse or illicit substance use.

His wife's personal statement in the application detailed that he is easily frustrated and aggressive at times. Mr. Olawale noted that they have been involved in marital therapy at times in the past with the most recent treatment last year. He also reported that he was referred for Cognitive-Behavioral Therapy but has not started this yet.

PRIMARY TEST RESULTS

All test results were scored using the procedures set forth and interpreted according to the guidelines set forth in the "Neuropsychology Manual" (the Clinician's Interpretation

Guide; August 2018) and as part of the NFL Players Plan. The sole purpose of this report is for that program.

INTELLECTUAL FUNCTIONING: Single word reading, used as a sensitive indicator of prior cognitive abilities, would suggest premorbid abilities possibly in the Above Average range. When possible, age and education adjusted normative data as specified by the NFL protocol was used below.

Performance across selected subtests of the WAIS-4 revealed cognitive skills (FSIQ SS = 108; 70th %ile) in the Average range without significant outliers across indexes.

INFORMATION PROCESSING: Processing speed was at expected levels across tasks of across visual scanning and graphomotor based testing. On the most basic task heavily dependent upon motor speed, his score was in the Above Average range suggesting that motor slowness was not the primary factor in any test performance.

ATTENTION/WORKING MEMORY: Attention for auditory information, as assessed by digit rehearsal tasks, was in the Average range for his age and background. Mental arithmetic was also in the Above Average range for his age and background.

MEMORY/LEARNING (VISUAL & VERBAL): Initial learning and later recall of geometric designs was in the Average range for his age and background. Learning and recall of structured passages fell into the Low range for his age and background. He showed good retention of limited information learned. Of note, he benefited from a recognition format. On a novel list learning task, initial recall (Trial 1 = 5/16 words) was in the Below Average range for his age. He benefitted from repeat exposure and at best provided 12/16 words. His overall learning was also in the Below Average range. There were signs of significant interference effects from a competing word list which he struggled to learn. He retained 9/16 words after a short delay which was in the Average range. After a longer delay, he only provided 8/16 words resulting in a Below Average score. He was not benefitted by cues to aid recall on trials. Discrimination on a recognition format was notable for omissions and false-positive errors.

EXECUTIVE FUNCTIONING: He identified all matching strategies on a card sorting task. His performance was average range for his age and education. Word generation from phonemic categories was in the Below Average range for his age. On a demanding verbal fluency task requiring alternating items from different categories, his score improved into the Above Average range. Verbal reasoning was in the Average range for his age and education. He was error-free and in the Above Average range for his age on an alpha-numeric graphomotor sequencing test requiring cognitive flexibility. He performed well across measures sensitive to visual scanning, rapid reading/identification and management of interference effects.

LANGUAGE FUNCTIONING: Expressive language was fluent. He was in the Average range for his age on a task of categorical word generation. Visual object naming was intact.

VISUAL PERCEPTUAL SKILLS: Reproduction of two-dimensional designs with three-dimensional blocks was in the Average range for his age and education. His performance on a subtest requiring him to analyze potential components of a puzzle was also in the Average range for his age and education. Drawing of a complex figure was adequately organized yet marked by a few minor errors that hindered his score.

PERSONALITY/MOOD: To further assess emotional status, he completed self-report inventories related to depression and anxiety. He endorsed a moderate level of symptoms on

the depression screen primarily related to irritability, agitation, decreased interest in activities and cognitive problems. There was not endorsement of significant anxiety symptoms.

On a more objective measure of personality (MMPI-2 RF), he provided consistent responses and his profile was valid. There were elevations across scales sensitive to cognitive, neurological, somatic and emotional complaints representing a level of distress above what was indicated on self-report inventories or during clinical interview. His profile suggests perceived high level of stress coupled with problems managing anger and irritability. He has tendencies towards acting out behaviors when upset. He endorsed one item flagged for potential suicidal ideation but as previously noted denied active ideation, intent or plan during interview. He likely withdraws from social activity.

VALIDITY TEST SUMMARY

Part 1:

- ☒ Test results on TOMM and MSVT were valid
- ☐ Invalid test results on the TOMM and MSVT
- ☐ Invalid on TOMM only
- ☐ Invalid on MSVT only
- ☐ Invalid test results on embedded validity tests

IMPRESSIONS

Mr. Jamize Olawale is a 32-year-old, who presented for a neuropsychological evaluation in conjunction with the National Football League Players Benefit's Plan. He reported first being concerned about cognitive changes in 2015 and detailed more static cognitive problems from 2015-2021. He noted potential cognitive improvement over the past year. He has continued to oversee one of his businesses but reports increasing reliance upon his wife for more challenging daily cognitive activities due to reported cognitive changes.

The findings on formal measures sensitive to test engagement and indicators sensitive to the accuracy of reported psychological health were considered valid. He demonstrated generally intact cognitive performance across domains including attention, basic language, visual spatial skills, problem solving and cognitive speed. There was variability on memory testing. Visual memory was preserved but he showed inefficient learning of new verbal information. Fortunately, once learned, he demonstrated adequate retention of information over time. There were no signs of an underlying amnesic disorder. Still, his relative difficulty initially acquiring new verbal information may contribute to his reported cognitive complaints. This should be monitored over time to rule out any progressive cognitive changes particularly if cognitive complaints persist despite upcoming interventions targeting his mood. His emotional status was a primary concern. Interview data along with more objective testing highlighted problems managing stress and controlling his anger. He also described changes in general enjoyment of activities, passive suicidal ideation and other potential concerns of depressive symptoms. The extent of impact of his emotional health status will likely be better clarified with his independent psychiatric evaluation later this month which will help to rule out potential mood, impulse control or other disorders.

Neuropsychological testing results shows generally preserved cognitive functioning at this time which would not meet criteria for a level of neurocognitive impairment as defined by the Neurocognitive Disability guidelines for these evaluations. Furthermore, neuropsychological

testing in isolation would suggest that he has the cognitive ability to work in some capacity and he would not meet cognitive criteria for a Total & Permanent Disability that prevents him from substantially engaging in any occupation for remuneration or profit. This is further supported by his current role managing one of his businesses. Again, his emotional health is a concern and warrants strong consideration for increased intervention. Mr. Olawale was educated about resources available from the NFL Lifeline.org site, provided a handout and encouraged to contact the program for additional psychological and psychiatric support as needed. Fortunately, he has been referred for psychotherapy which he reported will begin after his various evaluations in the next few weeks. He did not report urgent emotional health needs that mandated immediate mental health services.

TABLE OF TEST RESULTS

Age (years):	32	Education (years):	16
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TOPF and WAIS-IV Composite Scores	Age SS	Demographic Adjusted T score	%tile	Description
Pre-morbid Intellectual Functioning				
TOPF (Standard Score)	116	N/A	86	Above Average
Demographic Predicted FSIQ (optional)		N/A		
WAIS-IV Composite Scores				
Verbal Comprehension (VCI)	108		70	Average
Perceptual Reasoning (PRI)	104		61	Average
Working Memory (WMI)	111	53	62	Average
Processing Speed (PSI)	105	49	46	Average
Full Scale I.Q. (FSIQ)	108		70	Average
General Ability (GAI)	106		66	Average
WAIS-IV Subtest Scores				
Verbal Comprehension				
Similarities	11	49	46	Average
Information	12	52	58	Average
Perceptual Reasoning				
Block Design	11	50	50	Average
Visual Puzzles	10	49	46	Average
Working Memory				
Digit Span	10	47	38	Average
Arithmetic	14	60	84	Above Average
Processing Speed				
Symbol Search	13	57	76	Above Average
Coding	9	43	24	Below Average

Test	Score	T-Score	%tile	Description
Processing Speed/Efficiency				
WAIS-IV Symbol Search (SS)	13	57	76	Above Average
WAIS-IV Coding (SS)	9	43	24	Below Average
D-KEFS Visual Scanning (SS)	11	N/A	63	Average
D-KEFS Number Sequencing (SS)	12	N/A	75	Above Average
D-KEFS Letter Sequencing (SS)	12	N/A	75	Above Average
Executive Functioning				
Wisconsin Card Sorting Test (WCST)				
Categories Completed (Raw)	6	N/A	>16	WNL
Perv. Responses (Raw Score)	4	53	61	Average
Perv Errors (Raw Score)	4	53	61	Average
Failures to Maintain Set (Raw)	0	N/A	>16	WNL
DKEFS Color Naming (SS)	10	N/A	50	Average
Word Reading (SS)	11	N/A	63	Average
Inhibition (SS)	10	N/A	50	Average
Inhibition/Switching (SS)	13	N/A	84	Above Average
Number Letter Switching (SS)	12	N/A	75	Above Average
Phonemic Fluency (SS)	7	N/A	16	Below Average
Category Fluency (SS)	8	N/A	25	Average
Category Switching (SS)	9	N/A	32	Average
Attention				
WAIS IV Digit Span (SS)	10	47	38	Average
Verbal Learning/Recent Memory				
CVLT II Trial 1 (z-score)	-1.0	N/A	16	Below Average
Trial 5 (z-score)	-0.5	N/A	32	Average
Sum Trials 1-5 (T-Score)		43	24	Below Average
Short Delay Free Recall (z-score)	-0.5	N/A	32	Average
Short Delay Cued Recall (z-score)	-1.0	N/A	16	Below Average
Long Delay Free Recall (z-score)	-1.0	N/A	16	Below Average
Long Delay Cued Recall (z-score)	-1.0	N/A	16	Below Average
LDFR v SDFR (z-score)	-0.5	N/A	32	Average
Learning Slope (z-score)	0.5	N/A	68	Average
Repetitions (z-score)	0.5	N/A	68	Average
Intrusions (z-score)	-0.5	N/A	32	Average
WMS-IV Logical Memory I (SS)	5	31	3	Low
Logical Memory II (SS)	5	32	4	Low
Nonverbal Learning/Recent Memory				
WMS IV Visual Reproduction I (SS)	10	48	42	Average
Visual Reproduction II (SS)	9	44	27	Average

Test	Score	T-Score	%tile	Description
Language				
Boston Naming Test (Raw Score)	57	N/A	N/A	
Scale Score	11		63	Average
DKEFS Categorical Fluency (SS)	8	N/A	25	Average
Spatial-Perceptual Skills				
Rey-Osterrieth Figure Copy (Raw Score)	33	N/A	6-10	Below Average
Scale Score and T-Score				
WAIS IV Block Design (SS)	11	50	50	Average
WAIS-IV Visual Puzzles (SS)	10	49	46	Average
Motor Speed				
DKEFS Motor Speed (SS)	12	N/A	75	Above Average

Performance Validity Indices	Score	Description
TOMM Trial 1	47	WNL
TOMM Trial 2	49	WNL
TOMM Retention	50	WNL
MSVT - IR	100	Pass
MSVT - DR	100	Pass
MSVT - CNS	100	Pass
MSVT - PA	90	N/A
MSVT - FR	55	N/A
CVLT-II Forced Choice Recognition	16	Pass
		Base Rate Probability
ACS – RDS	12	>25
ACS – WMS-IV LM Recognition (Raw)	23	>25
ACS – WMS-IV VR Recognition (Raw)	7	>25

Mood/Personality	Score	Range
BDI-II	Raw = 20	Moderate
BAI	Raw = 6	Minimal
MMPI 2-RF		
	T-Score	
Variable Response Inconsistency (VRIN-r)	63	
True Response Inconsistency (TRIN-r)	57	
Infrequent Responses (F-r)	65	
Infrequent Psychopathology Responses (Fp-r)	51	
Infrequent Somatic Responses (Fs)	42	
Symptom Validity (FBS-r)	64	
Response Bias Scale (RBS)	71	

Emotional/Internalization Dysfunction(EID)	65	
Thought Dysfunction (THD)	39	
Behavioral/Externalizing Dysfunction (BXD)	57	
Demoralization (RCd)	60	
Somatic Complaints (RC1)	63	
Low Positive Emotions (RC2)	61	
Cynicism (RC3)	47	
Antisocial Behavior (RC4)	57	
Ideas of Persecution (RC6)	56	
Dysfunctional Negative Emotions (RC7)	57	
Aberrant Experiences (RC8)	39	
Hypomanic Activation (RC9)	50	
Malaise (MLS)	63	
Head Pain Complaints (HPC)	59	
Neurologic Complaints (NUC)	75	
Cognitive Complaints (COG)	64	
Suicidal/Death Ideation (SUI)	66	
Stress/Worry (STW)	65	
Anxiety (AXY)	59	
Anger Proneness (ANP)	73	
Substance Abuse (SUB)	41	
Aggression (AGG)	67	

USE OF TESTING ASSISTANTS

This neuropsychologist conducted the records review, clinical interview, and interpretation and report preparation. Neuropsychological testing was conducted by Roberto Garza, B.A., a psychometrician. This neuropsychologist is responsible for supervision of the psychometrician who conducted the testing.

SIGNATURE:  Date: 03/03/2022

David B. Salisbury Psy.D., ABPP
 Licensed Psychologist
 Board Certified in Clinical Neuropsychology



NFL PLAYER BENEFITS

DISABILITY PLAN

JOINT PHYSICIAN REPORT FORM

NEUROCOGNITIVE DISABILITY BENEFITS

Notice to Physicians: To preserve your independence and the integrity of the decision-making process, you must avoid contacts with attorneys or other representatives of the Players seeking disability benefits from the NFL Player Disability & Survivor Benefit Plan. Please notify the NFL Player Benefits Office if you are contacted by any of these individuals.

To be completed by NFL Player Benefits Office:

Player's name: JAMIZE OLAWALE

DOB: [REDACTED]

Phone: [REDACTED]

Player's address: [REDACTED]

Player's Credited Seasons: 2012 - 2019

Claimed impairments: See Application

1. Did you receive records for this Player? ☒ YES | ☐ NO If so, how many pages? 345
2. Did you evaluate the Player ☒ YES | ☐ NO If so, when? Salisbury – 3/2/2022 Okai 3/11/2022
3. Have you or your colleagues ever treated the Player previously? ☐ YES ☒ NO
4. Does the Player show evidence of acquired neurocognitive impairment?
☐ YES | ☒ NO | ☐ UNABLE TO DETERMINE due to low scores on validity measures
 If you checked YES:
 - Is the Player's acquired neurocognitive impairment **mild** or **moderate** as defined by the Plan? ☐ Mild* | ☐ Moderate†

* **Mild impairment:** Player has a mild objective impairment in one or more domains of neurocognitive functioning which reflect acquired brain dysfunction, but not severe enough to interfere with his ability to independently perform complex activities of daily living or to engage in any occupation for remuneration or profit.

† **Moderate impairment:** Player has a mild-moderate objective impairment in two or more domains of neurocognitive functioning which reflect acquired brain dysfunction and which may require use of compensatory strategies and/or accommodations in order to independently perform complex activities of daily living or to engage in any occupation for remuneration or profit.

- Is the Player's neurocognitive impairment likely secondary to a primary psychiatric problem or substance use/abuse problem?

☐ No | ☐ Primary psychiatric problem | ☐ Substance use/abuse

5. Do you have any additional remarks? Please see report. _____

Please provide the required narrative reports with this form. **This Joint Physician Report Form will not be complete without the individual reports and the signatures of both Plan neutral physicians.**

We certify that:

- ☒ We reviewed all records of this Player provided to us.
- ☒ We personally examined this Player.
- ☒ This Joint Physician Report Form and the attached narrative report(s) accurately document our findings.
- ☒ Our findings reflect our best professional judgment.
- ☒ We are not biased for or against this Player.



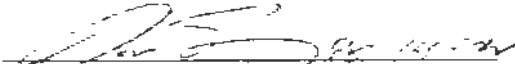
Signature / Neurologist

3/24/2022

Date

Annette Okai, MD

Print Name / Neurologist



Signature / Neuropsychologist

3/2/2022

Date

David Salisbury, Psy.D., ABPP/CN

Print Name / Neuropsychologist



NFL PLAYER BENEFITS DISABILITY PLAN

200 St. Paul Street, Suite 2420
Baltimore, Maryland 21202
Phone 800.638.3186
Fax 410.783.0041

Via Email

March 31, 2022

Mr. Jamize Olawale



Re: NFL Player Disability & Survivor Benefit Plan—Opportunity to Review and Respond to Neutral Physician Report(s)

Dear Mr. Olawale:

Enclosed please find a copy of the report(s) provided by the Plan's neutral physicians following your evaluation(s). The report(s) will be added to your file and provided to the Disability Board for review as it decides your pending appeal.

You have the right to respond to the report(s) before the Disability Board makes a final decision. Please inform the NFL Player Benefits Office by April 11, 2022 about whether you intend to do so.

If you do not intend to respond to the report(s), you only need to tell the NFL Player Benefits Office that is your intention.

If you intend to respond to the report(s), you must inform the NFL Player Benefits Office by April 11, 2022. Then, you should submit your response by April 29, 2022, or you should let us know by that date that you will need additional time to respond.

Your decision to submit a response may impact the timing of the Disability Board's decision on your appeal.

- Currently, your appeal is set to be presented to the Disability Board at its next quarterly meeting on May 18, 2022.
- If you do not intend to respond to the report(s) and you notify us accordingly, we will present your appeal to the Disability Board for a final determination on May 18, 2022, as currently anticipated. If you do not notify us of your intentions by April 11, 2022, we will assume that you do not intend to respond to the report(s), and we will present your appeal on May 18, 2022. In either case, you should expect to receive a final decision on your appeal shortly following that meeting.

JO-01040

DBM - 5/18/2022

- If you want to respond to the report(s) and your response is received prior to April 18, 2022, we will present your appeal to the Disability Board at the May 18, 2022 meeting, assuming no additional evidence or information requiring a response from you becomes available prior to that meeting. You should expect to receive a final decision on your appeal shortly following that meeting.
- If you want to respond to the report(s) and your response is received after April 18, 2022, we will present it along with your appeal at the Disability Board's meeting in August 2022, assuming no additional evidence or information requiring a response from you becomes available prior to that meeting. You should expect to receive a final decision on your appeal shortly following that meeting.

You may contact the NFL Player Benefits Office with any questions or concerns you might have. Please be advised, however, that NFL Player Benefits Office staff are not able to discuss the meaning or significance of the enclosed Plan neutral report(s), because they do not know whether or how the report(s) might impact the Disability Board's ultimate decision.

Sincerely,

Meghan Pieklo

Meghan Pieklo
Benefits Coordinator

Enclosure

cc: Sam Katz

JO-01041

DDM-0718/2022

JO-01042

DBM 5/13/2022

Meghan Pieklo

From: Samuel Katz <samkatz@athlawllp.com>
Sent: Thursday, April 28, 2022 4:54 PM
To: Meghan Pieklo
Subject: Re: Review and Response Letter for Jamize Olawale
Attachments: Olawale_Response to Reports_Final.pdf

Hello Meghan,

I hope you are well! Humbly, Mr. Olawale's response is ATTACHED.

Best,
Sam

On Mon, Apr 11, 2022 at 1:48 PM Meghan Pieklo <mpieklo@nflpb.org> wrote:

Thank you!

From: Samuel Katz [mailto:samkatz@athlawllp.com]
Sent: Monday, April 11, 2022 4:45 PM
To: Meghan Pieklo <mpieklo@nflpb.org>
Subject: Re: Review and Response Letter for Jamize Olawale

Hello Meghan,

I hope you're having a great week! Respectfully, Mr. Olawale intends to respond.

Best,

Sam

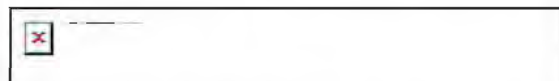
On Thu, Mar 31, 2022 at 11:41 AM Meghan Pieklo <mpieklo@nflpb.org> wrote:

Please see attached letter and reports.

Thank you,

Meghan Pieklo Benefits Coordinator

Phone 800.638.3186 Fax 410.783.0041



NFL Player Benefits Office

200 St. Paul Street, Suite 2420, Baltimore, Maryland 21202

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Samuel Katz, Esq.

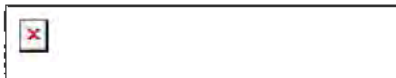


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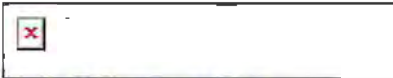
Samuel Katz, Esq.

DBM 5/18/2022



Managing Partner
Sports Law - ERISA, Labor, & Trust Law

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DBM-05/03/2022

ATHLAW LLP

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April 8, 2022

NFL DISABILITY BOARD
 NFL Player Disability & Neurocognitive Benefit Plan
 200 Saint Paul St., Ste. 2420
 Baltimore, MD 21202

Re: JAMIZE OLAWALE'S RESPONSE

Dear ERISA Administrator:

Humbly, **Mr. Jamize Olawale** respectfully responds¹ to the NFL Board commissioned reports from the NFL Board's retained doctors.

Here, Dr. Salisbury's testing demonstrates that Jamize has a neurocognitive impairment, belying the doctor's conclusion to the contrary. There can be no dispute that Dr. Salisbury did, in fact, find objective mild neurocognitive impairment in at least one cognitive domain. The doctor's own description of his own objective testing data confirmed that Jamize suffers from at least a mild neurocognitive impairment in the learning and memory neurocognitive domain:

Learning and Memory²

WMS-IV	Logical Memory I (SS)	5	31	3	Low
	Logical Memory II (SS)	5	32	4	Low

Dr. Salisbury Report.

¹ Respectfully, ERISA and the Department of Labor regulations provide "... additional protections for a fair process includ[ing] the right of claimants to respond to new and additional evidence and rationales and the requirement for independence and impartiality of the persons involved in making benefit determinations."

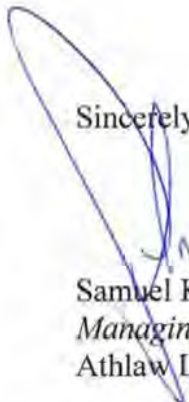
² A Player who had a **higher score** than Jamize for WMS-IV Logical Memory I (SS) was found to have a "**Mild Impairment**" on this test. Dr. Mercado Report for [Redacted Player Name] (emphasis added).

ATHLAW LLP

In addition, the Impressions section in Dr. Salisbury's report states that Jamize "showed inefficient learning of new verbal information. [...] his relative difficulty initially acquiring new verbal information may contribute to his reported cognitive complaints." *Id.*

Humbly, all Jamize needs is for the NFL Disability Board to follow the plain language of the Plan and grant him the benefits he deserves.

Sincerely,


Samuel Katz, Esq.
Managing Partner
Athlaw LLP



NFL PLAYER BENEFITS

DISABILITY PLAN

200 51 Paul Street, Suite 2420
Baltimore, Maryland 21202
Phone 800.635.3186
Fax 410.783.0041

Via Federal Express and Email

June 6, 2022

Mr. Jamize Olawale
[REDACTED]

Re: NFL Player Disability & Survivor Benefit Plan—Final Decisions on Review

Dear Mr. Olawale:

On June 1, 2022, the Disability Board of the NFL Player Disability & Survivor Benefit Plan ("Plan") considered your appeals from the earlier denials of your applications for total and permanent disability benefits under the Plan ("Plan T&P"); line-of-duty disability ("LOD") benefits, and neurocognitive disability ("NC") benefits. We regret to inform you that the Disability Board denied your appeals. This letter describes the Disability Board's decisions; it identifies the Plan provisions on which the decisions were based; and it explains your legal rights.

T&P Benefits

On March 29, 2021, the Plan received your completed application for Plan T&P benefits, which raised orthopedic, neurocognitive, and psychiatric impairments as the basis for your disability.

As you know, on August 4, 2021, the Disability Initial Claims Committee ("Committee") reviewed your application along with the reports of four Plan Neutral Physicians: orthopedist, Dr. Paul Saenz; neurologist, Dr. Eric Brahlin; neuropsychologist, Dr. Justin O'Rourke; and psychiatrist, Dr. Matthew Norman. These neutral physicians are specialists in the medical fields encompassing your claimed impairments. After reviewing your records and evaluating you, each of them reported that you are not totally and permanently disabled. Based on those findings, the Committee denied your application under Plan Section 3.1(d) because no Plan Neutral Physician had found that you are unable to engage in any occupation for remuneration or profit.

On February 7, 2022, your attorney, Ms. Sam Katz, appealed the Committee's initial decision to the Disability Board. Mr. Katz argued that the Neutral Physicians failed to consider the cumulative effect of your impairments and failed to identify any specific job you could perform.

On appeal you were referred for additional evaluations with four new Plan Neutral Physicians in accordance with Plan Section 3.3(a) and the Plan's claims procedures. You were evaluated by: orthopedist, Dr. Hussein Elkousy; neurologist, Dr. Annette Okai; neuropsychologist, Dr. David Salisbury; and psychiatrist, Dr. John Rabun. Like the Plan Neutral Physicians who evaluated you at

JO-01048

Mr. Jamize Olawale

June 6, 2022

Page 2

the initial level, these Plan Neutral Physicians are specialists in the medical fields encompassing your claimed impairments. By report dated March 18, 2022, Dr. Elkousy determined that you are not totally and permanently disabled by your orthopedic impairments and can engage in “light to medium duty capacity occupations.” By report dated March 11, 2022, Dr. Strassnig determined that your psychiatric impairments do not render you totally and permanently disabled and that you can engage in “any job from a psychiatric standpoint.” By report dated March 11, 2022, Dr. Okaï concluded that you are not totally and permanently disabled by your neurological impairments. By report dated March 2, 2022, Dr. Rabun concluded that you are not totally and permanently disabled by your cognitive impairments.

By letter dated March 31, 2022, the NFL Player Benefits Office provided you and Mr. Katz with the Neutral Physicians’ reports and advised that you had the right to respond before the Disability Board issued a final decision on your appeal. By letter received April 28, 2022, Mr. Katz questioned the findings pertaining to your NC application.

At its May 18, 2022 meeting, the Disability Board reviewed the record and unanimously concluded that you are ineligible for Plan T&P benefits. On June 1, 2022, the Disability Board unanimously decided that you are ineligible for T&P benefits and authorized transmission of this letter explaining its decision. Section 3.1(d) of the Plan states that, for a Player to be eligible for Plan T&P benefits, at least one Plan Neutral Physician must conclude that the Player is substantially unable to engage in any occupation for remuneration or profit (the Plan’s standard for Plan T&P benefits). If no Plan Neutral Physician renders this conclusion, then “the Player will not be eligible for and will not receive Plan T&P benefits, regardless of any other fact(s), statement(s), or determination(s), by any other person or entity, contained in the administrative record.” In your case, the Disability Board found that you did not meet this threshold requirement. The Disability Board noted that Mr. Katz’s comments concerning the cumulative effect of your impairments cannot override the express requirements of Plan Section 3.1(d). The Disability Board, moreover, did consider all of the impairments described by the Plan Neutral Physicians and review the medical records you submitted. The Disability Board further noted that Mr. Katz was critical of the Plan Neutral Physicians for failing to identify a specific job that you could perform. The Board rejected this argument because the Plan utilizes an “any occupation” standard, and Plan Neutral Physicians opine, specifically, on whether a Player satisfies this standard. A conclusion that a Player is capable of light or sedentary employment or capable of employment with no limitations inherently covers a wide range of occupations and shows that a Player does not meet the Plan’s “any occupation” standard.

The Disability Board took into account the following factors. First, Neutral Physicians are specialists in the medical field encompassing your claimed impairments, and they have experience evaluating Players and other professional athletes. Second, the Plan’s Neutral Physicians reviewed all of the records you provided, performed an evaluation, and unanimously concluded that you are not totally and permanently disabled despite your impairments. Third, the Disability Board found that the conclusions of the Plan’s Neutral Physicians were consistent, in that they independently concluded

JO-01049

Mr. Jamize Olawale
June 6, 2022
Page 3

that you are capable of employment despite your impairments. Finally, the Plan's physicians are absolutely neutral in this process because they are jointly selected by the NFL Players Association and the NFL Management Council; they are compensated in flat-fee arrangements, irrespective of the outcome of any particular evaluation; and they are contractually obligated to conduct thorough examinations, free of bias for or against Players. The Disability Board has no doubt that the Plan's neutral physicians fully understand the obligation to conduct fair and impartial Player evaluations, and that they have done so in your case.

Plan Section 3.2(a) allows a Player to qualify for Plan T&P benefits if he is receiving Social Security disability benefits, notwithstanding the eligibility requirement otherwise imposed by Section 3.1(d). You have not presented evidence that you currently receive Social Security disability benefits. For these reasons, the Disability Board denied your appeal.

LOD Benefits

The Plan provides LOD benefits to Players who, in addition to other requirements, have incurred a "substantial disablement" "arising out of League football activities." The Plan defines these terms and requires that at least one Plan Neutral Physician must find that the Player meets this standard in order to be eligible for LOD benefits (see enclosed Plan Section 5.1(c)).

On March 29, 2021, the Plan received your completed application for LOD benefits, which was based on orthopedic impairments and was accompanied by more than 190 pages of medical records.

As you know, on August 4, 2021, the Disability Initial Claims Committee ("Committee") denied your application after reviewing your file and concluding that you are ineligible for LOD benefits. In making its determination, the Committee relied on the findings of Plan neutral orthopedist Dr. Paul Saenz, who is a specialist in the medical field of your claimed impairments. After reviewing your records and evaluating you, Dr. Saenz assigned you 6 points under the Plan's Point System for Orthopedic Impairments (less than the 9 points required for a "substantial disablement" within the meaning of Section 5.5(a)(4)(B) of the Plan). Based on this conclusion, the Committee denied your application under Plan Section 5.1(c) because no Plan Neutral Physician had found that you have a "substantial disablement" arising out of League football activities.

On February 7, 2022, Sam Katz appealed the Committee's initial decision to the Disability Board.

On appeal, you were examined by another Plan Neutral orthopedist, Dr. Hussein Elkousy pursuant to Plan Section 5.4(b) and the Plan's claims procedures. Like Dr. Perry, who examined you at the initial level, Dr. Elkousy is an orthopedic specialist who has experience evaluating impairments under the Plan's Point System. After examining you and reviewing your medical records, Dr. Elkousy rated your orthopedic impairments at 0 points (again below the 9 points required for LOD benefits under the terms of the Plan).

JO-01050

Mr. Jamize Olawale
June 6, 2022
Page 4

By letter dated March 31, 2022, the NFL Player Benefits Office provided you and Mr. Katz with a copy of Dr. Elkousy's report and advised that you had the right to respond before the Disability Board issued a final decision on your appeal.

On May 18, 2022, the Disability Board reviewed the current record and tentatively found that you are ineligible for LOD benefits. On June 1, 2022, the Disability Board unanimously decided that you are ineligible for LOD benefits and authorized transmission of this letter explaining its decision. Plan Section 5.1(c) states that, for a Player to be eligible for LOD benefits, at least one Plan Neutral Physician must conclude that the Player incurred a "substantial disablement" arising out of League football activities (the Plan's standard for LOD benefits). If no Plan Neutral Physician renders this conclusion, then "the Player will not be eligible for and will not receive [LOD] benefits, regardless of any other fact(s), statement(s), or determination(s), by any other person or entity, contained in the administrative record." In your case, the Disability Board found that you did not meet this threshold requirement because, based on your Point System ratings, neither one of the Plan neutral orthopedists reported that you have a "substantial disablement" arising out of League football activities.

The Disability Board took into account the following factors. First, Neutral Physicians are specialists in the medical field encompassing your claimed impairments, and they have experience evaluating Players and other professional athletes. Second, the Plan's Neutral Physicians reviewed all of the records you provided; they conducted thorough physical examinations of you; and they provided complete and detailed reports of your condition. Finally, the Disability Board found that the conclusions of the Plan's Neutral Physicians were consistent, in that they independently concluded that you do not have a "substantial disablement" despite your impairments. The Plan's physicians are absolutely neutral in this process because they are jointly selected by the NFL Players Association and the NFL Management Council; they are compensated in flat-fee arrangements, irrespective of the outcome of any particular evaluation; and they are contractually obligated to conduct thorough examinations, free of bias for or against Players. The Disability Board has no doubt that the Plan's Neutral Physicians fully understand the obligation to conduct fair and impartial Player evaluations, and that they have done so in your case. For these reasons, the Disability Board denied your appeal.

NC Benefits

The Plan provides NC benefits to eligible Players who have "mild" or "moderate" neurocognitive impairment, as defined by the terms of the Plan.

The Plan received your completed application for NC benefits on March 29, 2021. You were then evaluated by two Plan Neutral Physicians, Dr. Eric Brahlin and Dr. Justin O'Rourke, pursuant to Plan Section 6.2(d). In a joint report dated June 17, 2021, Drs. Brahlin and O'Rourke confirmed that they could not determine that you have a neurocognitive impairment due to low scores on validity measures. The Committee denied your application because you failed validity testing and because

Mr. Jamize Olawale
June 6, 2022
Page 5

no Plan Neutral Physician found a neurocognitive impairment. Your failed validity tests prevented the Committee from determining if you have neurocognitive impairment.

By letter received February 7, 2022, Mr. Katz appealed the Committee's initial decision to the Disability Board.

On appeal you were examined by two additional Plan Neutral Physicians, Dr. Okai and Dr. Salisbury pursuant to Plan Section 6.2(d) and the Plan's claims procedures. By report dated March 1, 2022, Dr. Okai found no cognitive impairment. By report dated March 2, 2022, Dr. Salisbury concluded that your evaluation revealed "generally preserved cognitive functioning at this time which would not meet criteria for a level of neurocognitive impairment." By joint report dated March 2 – 24, 2022, Drs. Okai and Salisbury confirmed that you do not show evidence of acquired neurocognitive impairment.

By letter dated March 31, 2022, the NFL Player Benefits Office provided you and Mr. Katz with copies of the Plan Neutral Physicians' reports and advised that you had the right to respond to them before the Disability Board issued a final decision on your appeal. By letter received April 28, 2022, Mr. Katz argued that the scores obtained during the neuropsychological evaluation demonstrate a cognitive impairment.

On May 18, 2022, the Disability Board reviewed all of the evidence in your Plan file and tentatively found that you are ineligible for NC benefits. On June 1, 2022, the Disability Board unanimously decided that you are ineligible for NC benefits and authorized transmission of this letter explaining its decision. Section 6.1(e) of the Plan states that, for a Player to be eligible for NC benefits, "at least one Plan Neutral Physician must conclude that the Player has a mild or moderate neurocognitive impairment in accordance with Section 6.2. If no Plan Neutral Physician renders such a conclusion, then this threshold requirement is not satisfied, and the Player will not be eligible for and will not receive NC Benefits, regardless of any other fact(s), statement(s), or determination(s), by any other person or entity, contained in the administrative record." In your case, the Disability Board found that you did not meet this threshold requirement because you have been examined by four Plan Neutral Physicians, and none found that you have an acquired neurocognitive impairment.

The Disability Board rejected Mr. Katz's argument and credited the findings of the Plan's Neutral Physicians for the following reasons. First, the physicians are specialists in the medical field encompassing your claimed impairments, and they have experience evaluating Players and other professional athletes. Second, the Plan's physicians reviewed the medical records you submitted with your application, performed an evaluation of you and unanimously concluded that you do not have an acquired neurocognitive impairment. The Plan's physicians are absolutely neutral in this process because they are jointly selected by the NFL Players Association and the NFL Management Council; they are compensated in flat-fee arrangements, irrespective of the outcome of any particular evaluation; and they are contractually obligated to conduct thorough examinations, free of bias for

JO-01052

Mr. Jamize Olawale

June 6, 2022

Page 6

or against Players. The Disability Board has no doubt that the Plan's Neutral Physicians fully understand the obligation to conduct fair and impartial Player evaluations, and that they have done so in your case. For these reasons, the Disability Board denied your appeal.

Please understand the Disability Board is required by federal law to follow the terms of the Plan. Where, as here, you do not satisfy the terms of the Plan, federal law requires the Disability Board to deny your appeal, regardless of how sympathetic individual members of the Disability Board may be to your circumstances.

Legal Rights

You should regard this letter as a final decision on review within the meaning of Section 503 of the Employee Retirement Income Security Act of 1974, as amended, and the regulations issued thereunder by the Department of Labor. To obtain further review of this decision, you have the right to bring an action under Section 502(a) of the Employee Retirement Income Security Act of 1974, as amended. Under Plan Section 13.4(a) you must file such an action within 42 months from the date of the Board's decision. Your deadline for bringing such an action therefore is December 1, 2025.

This letter identifies the Plan provisions that the Disability Board relied upon in making its determination. Please note that the Plan provisions discussed in this letter are set forth in the "Relevant Plan Provisions" attachment. These are excerpts, however. You should consult the Plan Document for a full recitation of the relevant Plan terms. The Disability Board did not rely on any other internal rules, guidelines, protocols, standards, or other similar criteria beyond the Plan provisions discussed herein.

You are entitled to receive, upon request and free of charge, reasonable access to, and copies of, all documents, records, and other information relevant to your claim for benefits, including the governing Plan Document.

You may call the NFL Player Benefits Office if you have any questions.

Sincerely,



Michael B. Miller

Plan Director

On behalf of the Disability Board

Enclosure

cc: Samuel Katz, Esquire

JO-01053

To receive assistance in these languages, please call:

SPANISH (Español): Para obtener asistencia en Español, llame al 855-938-0527 (ext. 1)

CHINESE (中文): 如果需要中文的帮助, 请拨打这个号码 855-938-0527 (ext. 2)

TAGALOG (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 855-938-0527 (ext. 3)

NAVAJO (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwiiijigo holne' 800-638-3186 (ext. 416)

JO-01054

Disability Plan T&P Benefits Relevant Plan Provisions

3.1 General Standard for Eligibility. An Article 3 Eligible Player will receive monthly Plan total and permanent disability benefits (“Plan T&P benefits”) in the amount described in Section 3.6, for the months described in Sections 3.10 and 3.11, if and only if all of the conditions in (a) through (f) below are met:

(a) The Player’s application is received by the Plan on or after January 1, 2015 and results in an award of Plan T&P benefits.

(b) The Player is not receiving monthly retirement benefits under Article 4 or Article 4A of the Bert Bell/Pete Rozelle Plan.

(c) The Player submits Medical Records with his initial application or appeal, as the case may be, subject to the rules of Section 3.3.

(d) At least one Plan Neutral Physician must find, under the standard of Section 3.1(e), that (1) the Player has become totally disabled to the extent that he is substantially unable to engage in any occupation or employment for remuneration or profit, excluding any disability suffered while in the military service of any country, and (2) such condition is permanent. If no Plan Neutral Physician renders such a conclusion, then this threshold requirement is not satisfied, and the Player will not be eligible for and will not receive Plan T&P benefits, regardless of any other fact(s), statement(s), or determination(s), by any other person or entity, contained in the administrative record.

(e) After reviewing the report(s) of the Plan Neutral Physician(s), along with all other facts and circumstances in the administrative record, the Disability Initial Claims Committee or the Disability Board, as the case may be, must conclude, in its absolute discretion, that (1) the Player has become totally disabled to the extent that he is substantially prevented from or substantially unable to engage in any occupation or employment for remuneration or profit, but expressly excluding any disability suffered while in the military service of any country, and (2) that such condition is permanent. The following rules will apply:

(1) The educational level and prior training of a Player will not be considered in determining whether such Player is “unable to engage in any occupation or employment for remuneration or profit.”

(2) A Player will not be considered to be able to engage in any occupation or employment for remuneration or profit within the meaning of this Section 3.1 merely because such person is employed by the League or an Employer, manages personal or family investments, is employed by or associated with a charitable organization, is employed out of benevolence, or receives up to \$30,000 per year in earned income.

(3) A disability will be deemed to be “permanent” if it has persisted or is expected to persist for at least twelve months from the date of its occurrence, excluding any reasonably possible recovery period.

(f) The Player satisfies all other applicable requirements of this Article 3.

3.2 Social Security Standard for Eligibility.

(a) For applications received prior to April 1, 2024, an Article 3 Eligible Player who is not receiving monthly pension benefits under Article 4 or 4A of the Bert Bell/Pete Rozelle Plan, who has been determined by the Social Security Administration to be eligible for disability benefits under either the Social Security disability insurance program or Supplemental Security Income program, and who is still receiving such benefits at the time he applies, will receive Plan T&P benefits in the amount described in Section 3.6, for the months described in Sections 3.10 and 3.11, unless four or more voting members of the Disability Board determine that such Player is not totally and permanently disabled, despite receiving Social Security disability benefits.

If his Social Security disability benefits are revoked, a Player will no longer be entitled to receive Plan T&P benefits by reason of this Section 3.2(a), effective as of the date of such revocation. However, if such Player establishes that the sole reason for the loss of his Social Security disability or Supplemental Security Income benefits was his receipt of benefits under this Plan, Plan T&P benefits will continue provided the Player satisfies the rules for continuation of benefits in Section 3.8(a).

(b) For applications received prior to April 1, 2024, an Article 3 Eligible Player who elects to begin receiving pension benefits under the Bert Bell/Pete Rozelle Plan prior to his Normal Retirement Date, who is subsequently determined by the Social Security Administration to be eligible for disability benefits under either the Social Security disability insurance program or Supplemental Security Income program, who satisfies the other conditions of this paragraph, and who is still receiving such benefits at the time he applies, will receive Plan T&P benefits in the amount described in Section 3.6, for the months described in Sections 3.10 and 3.11, unless four or more voting members of the Disability Board determine that such Player is not totally and permanently disabled, despite receiving Social Security disability benefits. To be eligible for benefits under this paragraph, the Player must apply for such Social Security disability benefits prior to his Normal Retirement Date, and the award of disability benefits by the Social Security Administration must occur prior to the Player’s Normal Retirement Date. An award of disability benefits by the Social Security Administration after a Player’s Normal Retirement Date that such Player was disabled as of a date prior to his Normal Retirement Date does not qualify such Player for Plan T&P benefits under this paragraph.

If his Social Security disability benefits are revoked, a Player will no longer be entitled to receive Plan T&P benefits by reason of this Section 3.2(b), effective as of the date of such revocation. However, if such Player establishes that the sole reason for the loss of his Social Security disability or Supplemental Security Income benefits was his receipt of benefits under this Plan, Plan T&P benefits will continue provided the Player satisfies the rules for continuation of benefits in Section 3.8(a).

3.3 Application Rules and Procedures. In addition to the requirements of Article 7 and Section 13.14 (claims procedures), Players must comply with the rules and procedures of this Section 3.3 in connection with an application for Plan T&P benefits.

(a) Medical Records and Evaluations. A Player applying for Plan T&P benefits under the General Standard of Section 3.1 on and after October 1, 2020 must submit Medical Records with his application. A Player who does not do so will be given 45 days to submit Medical Records and thereby complete his application. The Player's application will not be complete, and will not be processed, until the Plan receives Medical Records. The Player's application will be denied if he does not submit any Medical Records within the 45 day period. If such a Player's application is denied by the Disability Initial Claims Committee because the Player failed or refused to submit Medical Records, and the Player appeals that determination, he must submit Medical Record with his appeal. A Player who does not do so will be given 45 days to submit Medical Records and thereby complete his appeal. The Player's appeal will not be complete, and will not be processed, until the Plan receives Medical Records. Any such Player in this situation who does not submit any Medical Records within the 45 day period will not be entitled to Plan T&P benefits, and his appeal will be denied. This paragraph does not apply to applications received prior to October 1, 2020.

Whenever the Disability Initial Claims Committee or the Disability Board reviews the application or appeal of any Player for Plan T&P benefits under Section 3.1 or Section 3.2, such Player may first be required to submit to an examination scheduled by the Plan with a Neutral Physician or physicians, or institution or institutions, or other medical professional or professionals, selected by the Disability Initial Claims Committee or the Disability Board and may be required to submit to such further examinations scheduled by the Plan as, in the opinion of the Disability Initial Claims Committee or the Disability Board, are necessary to make an adequate determination respecting his physical or mental condition.

Any Player refusing to submit to any examination required by the Plan will not be entitled to Plan T&P benefits. If a Player fails to attend an examination scheduled by the Plan, his application for Plan T&P benefits will be denied, unless the Player provided at least two business days' advance notice to the Plan that he was unable to attend. The Plan will reschedule the Player's exam if two business days' advance notice is provided. The Player's application for Plan T&P benefits will be denied if he fails to attend the rescheduled exam, even if advance notice is provided. The Disability Initial Claims Committee or the Disability Board, as applicable, may waive a failure to attend if they find that circumstances beyond the Player's control precluded the Player's attendance at the examination.

A Player or his representative may submit to the Plan additional Medical Records or other materials for consideration by a Neutral Physician, institution, or medical professional, except that any such materials received by the Plan less than 10 days prior to the date of the examination, other than radiographic tests, will not be considered by a Neutral Physician, institution, or medical professional.

Disability Plan LOD Benefits Relevant Plan Provisions

5.1 Eligibility. Effective January 1, 2015, a Player will receive monthly line-of-duty disability benefits from this Plan in the amount described in Section 5.2 if and only if all of the conditions in (a) through (f) below are met:

- (a) The Player is not an Active Player.
- (b) The Player submits Medical Records with his initial application or appeal, as the case may be, subject to the rules of Section 5.4(b).
- (c) At least one Plan Neutral Physician must find that the Player incurred a “substantial disablement” (as defined in Section 5.5(a) and (b)) “arising out of League football activities” (as defined in Section 5.5(c)). If no Plan Neutral Physician renders such a conclusion, then this threshold requirement is not satisfied, and the Player will not be eligible for and will not receive line-of-duty disability benefits, regardless of any other fact(s), statement(s), or determination(s), by any other person or entity, contained in the administrative record.
- (d) After reviewing the report(s) of the Plan Neutral Physician(s), along with all other facts and circumstances in the administrative record, the Disability Initial Claims Committee or the Disability Board, as the case may be, must conclude, in its absolute discretion, that the Player incurred a “substantial disablement” (as defined in Section 5.5(a) and (b)) “arising out of League football activities” (as defined in Section 5.5(c)).
- (e) The Player satisfies the other requirements of this Article 5 or Article 6 of the Bert Bell/Pete Rozelle Plan, as appropriate.
- (f) The Player is not receiving line-of-duty disability benefits from the Bert Bell/Pete Rozelle Plan pursuant to Article 6 of that plan.

5.4 Procedures.

(b) Medical Records and Evaluations. A Player applying for line-of-duty benefits on and after October 1, 2020 must submit Medical Records with his application. A Player who does not do so will be given 45 days to submit Medical Records and thereby complete his application. The Player’s application will not be complete, and will not be processed, until the Plan receives Medical Records. The Player’s application will be denied if he does not submit any Medical Records within the 45 day period. If such a Player’s application is denied by the Disability Initial Claims Committee because the Player failed or refused to submit Medical Records, and the Player appeals that determination, he must submit Medical Records with his appeal. A Player who does not do so will be given 45 days to submit Medical Records and thereby complete his appeal. The Player’s appeal will not be complete, and will not be processed, until the Plan receives Medical Records. Any such Player in this situation who does not submit any Medical Records within the 45 day period will not be entitled to line-of-duty benefits, and his appeal will be denied. This paragraph does not apply to applications received prior to October 1, 2020.

Whenever the Disability Initial Claims Committee or Disability Board reviews the application or appeal of any Player for line-of-duty benefits, such Player may first be required to submit to an examination scheduled by the Plan with a Neutral Physician, or any other physician or physicians, institution or institutions, or other medical professional or professionals, selected by the Disability Initial Claims Committee or the Disability Board, and may be required to submit to such further examinations scheduled by the Plan as, in the opinion of the Disability Initial Claims Committee or the Disability Board, are necessary to make an adequate determination respecting his physical or mental condition.

Any Player refusing to submit to any examination required by the Plan will not be entitled to any line-of-duty disability benefits under this Article. If a Player fails to attend an examination scheduled by the Plan, his application for line-of-duty disability benefits will be denied, unless the Player provided at least two business days' advance notice to the Plan that he was unable to attend. The Plan will reschedule the Player's exam if two business days' advance notice is provided. The Player's application for line-of-duty disability benefits will be denied if he fails to attend the rescheduled exam, even if advance notice is provided. The Disability Initial Claims Committee or the Disability Board, as applicable, may waive a failure to attend if they find that circumstances beyond the Player's control precluded the Player's attendance at the examination.

A Player or his representative may submit to the Plan additional Medical Records or other materials for consideration by a Neutral Physician, institution, or medical professional, except that any such materials received by the Plan less than 10 days prior to the date of the examination, other than radiographic tests, will not be considered by a Neutral Physician, institution, or medical professional.

With respect to applications received on and after April 1, 2020, a Player who submits operative reports or NFL Club records documenting surgical procedures deemed sufficient, by the Disability Initial Claims Committee or the Disability Board, to establish that he has a "substantial disablement" arising out of League football activities will not be subject to a medical evaluation under this Section 5.4(b).

5.5 Definitions.

(a) With respect to applications received on and after April 1, 2020, a 'substantial disablement' is a 'permanent' disability other than a neurocognitive, brain-related neurological (excluding nerve damage), or psychiatric impairment that:

- (1) Results in a 50% or greater loss of speech or sight; or
- (2) Results in a 55% or greater loss of hearing; or
- (3) Is the primary or contributory cause of the surgical removal or major functional impairment of a vital bodily organ or part of the central nervous system; or
- (4) For orthopedic impairments,

(A) With respect to applications received before April 1, 2020, is rated at least 10 points, using the Point System set forth in Appendix A, Version 2 to this Plan. Surgeries, injuries, treatments, and medical procedures that occur after a Player's application deadline in Section 5.4(a) will not receive points and will be disregarded by the Committee and Board.

(B) With respect to applications received on and after April 1, 2020, is rated at least 9 points, using the Point System set forth in Appendix A, Version 2 to this Plan. Surgeries, injuries, treatments, and medical procedures that occur after a Player's application deadline in Section 5.4(a) will not receive points and will be disregarded by the Committee and Board.

(b) A disability will be deemed to be "permanent" if it has persisted or is expected to persist for at least twelve months from the date of its occurrence, excluding any reasonably possible recovery period.

(c) "Arising out of League football activities" means a disablement arising out of any League pre-season, regular-season, or post-season game, or any combination thereof, or out of League football activity supervised by an Employer, including all required or directed activities. "Arising out of League football activities" does not include, without limitation, any disablement resulting from other employment, or athletic activity for recreational purposes, nor does it include a disablement that would not qualify for benefits but for an injury (or injuries) or illness that arises out of other than League football activities.

The introduction to **Appendix A, Version 2** provides this overview of the **Point System** referenced in Section 5.5(a)(4)(B):

This Point System for Orthopedic Impairments ("Point System") is used to determine whether a Player has a "substantial disablement" within the meaning of Plan Section 5.5(a)(4)(B). The Point System assigns points to each orthopedic impairment recognized under the Plan. A Player is awarded the indicated number of points for each occurrence of each listed orthopedic impairment, but only where the Player's orthopedic impairment arose out of League football activities, and the impairment has persisted or is expected to persist for at least 12 months from the date of its occurrence, excluding any reasonably possible recovery period.

A Player is awarded points only if his orthopedic impairment is documented according to the following rules:

1. A Player is awarded points for documented surgeries, injuries, and degenerative joint disease only if they are related to League football activities.
2. A Player is awarded points for a surgical procedure if the record includes an operative report for the qualifying procedure or if NFL Club records document the procedure. Surgical procedures reported through third party evaluations, such as independent medical examinations for workers' compensation, should not be used unless

corroborating evidence is available to confirm the procedure and its relationship to League football activities.

3. Points are awarded for symptomatic soft tissue injuries where the injury is documented and there are appropriate, consistent clinical findings that are symptomatic on the day of exam. For example, AC joint injuries must be documented in medical records and be symptomatic on examination, with appropriate physical findings, to award points.

4. If an injury or surgery is not listed in the Point System, no points should be awarded.

5. Medical records, medical history, and the physical examination must correlate before points can be awarded.

6. If a lateral clavicle resection is given points, additional points cannot be awarded if the AC joint is still symptomatic, such as with AC joint inflammation or shoulder instability.

7. Moderate or greater degenerative changes must be seen on x-ray to award points (i.e., MRI findings do not count).

8. Players must have moderate or greater loss of function that significantly impacts activities of daily living, or ADLs, to get points.

9. Cervical and lumbosacral spine injuries must have a documented relationship to League football activities, with appropriate x-ray findings, MRI findings, and/or EMG findings to be rated.

10. In cases where an injury is treated surgically, points are awarded for the surgical treatment/repair only, and not the injury preceding the surgical treatment/repair. For example, a Player may receive points for "S/P Pectoralis Major Tendon Repair," and if so he will not receive additional points for the "Pectoralis Major Tendon Tear" that led to the surgery.

11. As indicated in the Point System Impairment Tables, some injuries must be symptomatic on examination to merit an award of points under the Point System.

12. To award points for a subsequent procedure on the same joint/body part, the Player must recover from the first procedure and a new injury must occur to warrant the subsequent procedure. Otherwise, a revise/redo of a failed procedure would be the appropriate impairment rating.

13. Hardware removal is not considered a revise/redo of a failed surgery, and points are not awarded for hardware removal.

14. Multiple impairment ratings may be given related to a procedure on the same date, i.e., partial lateral meniscectomy and microfracture or chondral resurfacing.

15. When an ankle ORIF with soft tissue occurs, there should be no additional points for syndesmosis repair or deltoid ligament repair.

Appendix A, Version 2 then includes comprehensive “Point System Impairment Tables,” which assign Point System values to each orthopedic impairment recognized under the Plan. Your total “points” are the sum of those assigned for your recognized orthopedic impairments.

The Point System for Orthopedic Impairments is online at nflplayerbenefits.com. The NFL Player Benefits Office will furnish a full copy of it upon your request.

Disability Plan NC Benefits Relevant Plan Provisions

6.1 Eligibility. For applications received before April 1, 2020, a Player will receive a monthly neurocognitive disability benefit ("NC Benefit") in the amount described in Section 6.4 for the months described in Section 6.6 if and only if all of the conditions in (a), (b), (c), (d), (e), (f), (g), (h), and (i) below are met.

Effective for applications received on and after April 1, 2020 and through March 31, 2021, the requirements of (a) and (b) will not apply, and a Player will receive an NC Benefit in the amount described in Section 6.4 for the months described in Section 6.6 if and only if all of the conditions in (c), (d), (e), (f), (g), (h), (i), (j), and (m) below are met.

Effective for applications received on and after April 1, 2021, the requirements of (a) and (b) will not apply, and a Player will receive an NC Benefit in the amount described in Section 6.4 for the months described in Section 6.6 if and only if all of the conditions in (c), (d), (e), (f), (g), (h), (i), (j), (k), (l), and (m) below are met.

(a) The Player must be a Vested Inactive Player based on his Credited Seasons only, and must be under age 55.

(b) The Player must have at least one Credited Season under the Bert Bell/Pete Rozelle Plan after 1994.

(c) The Player must not receive monthly retirement benefits under Articles 4 or 4A of the Bert Bell/Pete Rozelle Plan or be a Pension Expansion Player within the meaning of the Bert Bell/Pete Rozelle Plan.

(d) The Player must not be receiving T&P benefits under this Plan or the Bert Bell/Pete Rozelle Plan.

(e) At least one Plan Neutral Physician must find that the Player has a mild or moderate neurocognitive impairment in accordance with Section 6.2. If no Plan Neutral Physician renders such a conclusion, then this threshold requirement is not satisfied, and the Player will not be eligible for and will not receive NC Benefits, regardless of any other fact(s), statement(s), or determination(s), by any other person or entity, contained in the administrative record.

(f) After reviewing the report(s) of the Plan Neutral Physician(s), along with all other facts and circumstances in the administrative record, the Disability Initial Claims Committee or the Disability Board, as the case may be, must conclude, in its absolute discretion, that the Player has a mild or moderate neurocognitive impairment in accordance with Section 6.2.

(g) The Player must execute the release described in Section 6.3.

(h) The Player must not have a pending application for T&P benefits or for line-of-duty disability benefits under this Plan or the Bert Bell/Pete Rozelle Plan, except that a Player can file a claim for the NC Benefit simultaneously with either or both of those benefits.

(i) The Player must satisfy the other requirements of this Article 6.

(j) The Player must not have previously received the NC Benefit and had those benefits terminate at age 55 before April 1, 2020 by virtue of earlier versions of this Plan.

(k) If the Player is not a Vested Inactive Player, his application for the NC Benefit must be received by the Plan within eighty-four (84) months after the end of his last contract with a Club under which he is a Player, as defined under Section 1.35 of the Bert Bell/Pete Rozelle Plan, for at least one Game, as defined under Section 1.17 of the Bert Bell/Pete Rozelle Plan.

(l) The Player must be under age 65.

(m) For applications received on and after October 1, 2020, the Player must submit Medical Records with his initial application or appeal, as the case may be, subject to the rules of Section 6.2(d). This paragraph (m) does not apply to applications received prior to October 1, 2020.

6.2 Determination of Neurocognitive Impairment.

(a) Mild Impairment. A Player eligible for benefits under this Article 6 will be deemed to have a mild neurocognitive impairment if he has a mild objective impairment in one or more domains of neurocognitive functioning which reflect acquired brain dysfunction, but not severe enough to interfere with his ability to independently perform complex activities of daily living or to engage in any occupation for remuneration or profit.

(b) Moderate Impairment. A Player eligible for benefits under this Article 6 will be deemed to have a moderate neurocognitive impairment if he has a mild-moderate objective impairment in two or more domains of neurocognitive functioning which reflect acquired brain dysfunction and which may require use of compensatory strategies and/or accommodations in order to independently perform complex activities of daily living or to engage in any occupation for remuneration or profit.

(d) Medical Records and Evaluations. A Player applying for NC Benefits on and after October 1, 2020 must submit Medical Records with his application. A Player who does not do so will be given 45 days to submit Medical Records and thereby complete his application. The Player's application will not be complete, and will not be processed, until the Plan receives Medical Records. The Player's application will be denied if he does not submit any Medical Records within the 45 day period. If such a Player's application is denied by the Disability Initial Claims Committee because the Player failed or refused to submit Medical Records, and the Player appeals that determination, he must submit Medical Record with his appeal. A Player who does not do so will be given 45 days to submit Medical Records and thereby complete his appeal. The Player's appeal will not be complete, and will not be processed, until the Plan receives Medical Records. Any such Player in this situation

who does not submit any Medical Records within the 45 day period will not be entitled to NC Benefits, and his appeal will be denied.

Whenever the Disability Initial Claims Committee or Disability Board reviews the application or appeal of any Player for NC Benefits, such Player will first be required to submit to an examination scheduled by the Plan with a Neutral Physician, or any other physician or physicians, institution or institutions, or other medical professional or professionals, selected by the Disability Initial Claims Committee or the Disability Board, and may be required to submit to such further examinations scheduled by the Plan as, in the opinion of the Disability Initial Claims Committee or the Disability Board, are necessary to make an adequate determination respecting his physical or mental condition.

Any Player refusing to submit to any examination required by the Plan will not be entitled to NC Benefits. If a Player fails to attend an examination scheduled by the Plan, his application for NC Benefits will be denied, unless the Player provided at least two business days' advance notice to the Plan that he was unable to attend. The Plan will reschedule the Player's exam if two business days' advance notice is provided. The Player's application for NC Benefits will be denied if he fails to attend the rescheduled exam, even if advance notice is provided. The Disability Initial Claims Committee or the Disability Board, as applicable, may waive a failure to attend if they find that circumstances beyond the Player's control precluded the Player's attendance at the examination.

A Player or his representative may submit to the Plan additional medical records or other materials for consideration by a Neutral Physician, institution, or medical professional, except that any such materials received by the Plan less than 10 days prior to the date of the examination, other than radiographic tests, will not be considered by a Neutral Physician, institution, or medical professional.

(e) Validity Testing. A Player who is otherwise eligible for benefits under this Article 6 and who is referred for neuropsychological testing will undergo, among other testing, two validity tests. A Player who fails both validity tests will not be eligible for the NC Benefit. A Player who fails one validity test may be eligible for the NC Benefit, but only if the neuropsychologist provides an explanation satisfactory to the Disability Board or the Disability Initial Claims Committee (as applicable) for why the Player should receive the NC Benefit despite the failed validity test.

Plan Section 13.4 is entitled "Limitation on Actions." It states, "[n]o suit or legal action with respect to an adverse determination may be commenced more than 42 months from the date of the final decision on the claim for benefits (including the decision on review)."